

**All Medications** for the month of \_\_\_\_\_, 201\_\_

#	Starting, Day ___ / ___ / 201__	Drug / Procedure	Taken Dosage / freq	Day ___ / ___				Day ___ / ___				Day ___ / ___				Day ___ / ___				Day ___ / ___				☀	‡				
				A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D						
		Cetirizine	10Mg 1 daily																										
		Multivitamin (one dose) PRN	2 daily once daily																										
		Calcium and Vitamin D (400 intU) PRN	600mg 2 daily																										
		Tizanidine (by Dr Richmond) for Zanaflex	4mg up to tid																										
		Ibuprofin (by Amnral) PRN	800mg up to id																										
		Humidifier in use, 0 = Off, C = Water Changed																											
		<b>Days taken without incident on time.</b>		01	02	03	04	05	06	07	08	09	10	11	12	13	14	15											
		(First box is AM, Second Box is PM, if filled all is OK)																											

Hour Letter Key: A = 06:00 AM, B = 12:00 PM, C = 06:00 PM (1800 Mil.T.), D = 12:00 AM (0000 Mil.T.).

*A number and letter in a circle beneath a day and hour indicates a "nursing note" about something that will be found on the back side of this record sheet V=Vitals recorded.*

#	Starting, Day ___ / ___ / 201__	Drug / Procedure	Taken Dosage / freq	Day ___ / ___				Day ___ / ___				Day ___ / ___				Day ___ / ___				Day ___ / ___				☀	‡				
				A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D						
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		Humidifier in use, 0 = Off, C = Water Changed																											
		<b>Days taken without incident on time.</b>		31	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30										
		(First box is AM, Second Box is PM, if filled all is OK)																											

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