

CONTROLLED MEDICATION COUNT

All controlled medications must be counted each shift, or as described in Rule 65G-7.007, F.A.C.

Medication:				Dosage:		Route:		
Individual's Name:				Start Date:		Verity Number Received:		
Rx#		Enter Scheduled Medication Time:		or PRN:		Received by (initials): /		
DATE	ТІМЕ	FULL NAME OF PERSON ADMINISTERING	NUMBER ON HAND	NUMBER GIVEN TO CLIENT	NUMBER REMAINING	NUMBER REMAINING VERIFIED BY: (INITIAL at end of shift))		
						STAFF ON	STAFF OFF	DATE/TIME
				 				
			+					
			1	1				
			1	<u> </u>				
			1	1				
				<u> </u>				
			1	1				
			 					
			+					

Please print name, sign, and initial below to identify initials used above.

Name (print) / Signature	Initials	Initials