Instructions for the Controlled Medication Count Sheet

- 1. Each separate 'supply' of a controlled medication is counted. This is why the Scheduled Medication Time must be filled out. A supply of medication is:
 - a. a pill bottle with one month's supply of medication in it, used for all scheduled times that medication is to be taken.
 - b. a 'blister or bubble pack' that holds the supply of a medication to be given at a specific time of day. If there are 2 blister/bubble packs for that *same* time of day, one count sheet may be used for both. *Medications that are packed by time given (AM and PM, or 8AM and 3PM, for example) get a count sheet for EACH time given each time is considered a 'supply.'*
 - c. a PRN (as needed) medication supply for a client whether the medication is in one or two bottles, or one or more blister or bubble packs it is a single supply.
- 2. Controlled Medication Count sheets may be printed double sided, and in black and white (as long as the Number Remaining Verified By column remains shaded), if desired.
- 3. When a new supply of medication is received:
 - a. fill out the top part of the count sheet, count to verify the amount received, and initial in the "received by" spot. One may initial, two is preferred but not required.
 - b. the 'start date' is the date the medication is received the date the sheet is 'started' does not have anything to do with the 'start date' on the MAR this date is for the purpose of counting only.
 - a controlled medication count sheet must be started for each controlled medication and staff should begin documenting shift counts once the medication is received, even if the medication will not be administered right away (in the case of a refill supply or PRN).
- 4. At this point, several different things could occur:
 - a. If the medication is counted at shift count before any is administered
 - i. count and enter the number remaining in the top spot in the number remaining column (this should equal the amount received).
 - ii. leave blank or line through the Date, Time, Name of person administering, number on hand, and number given to client columns
 - iii. staff on and staff off initial, and enter date/time of count in shaded column to verify that number remaining column is correct
 - iv. if there are subsequent counts before any medication is administered, count and initial as in step iii. Enter the correct count in the number remaining column.
 - v. staff legibly print/sign their names, and initial at the bottom of the sheet (to identify initials) only done once per sheet or once per side if printed double sided.

b. If the medication is administered before a shift count occurs

- i. enter date, time, name of person administering the medication on first row
- ii. also enter the number on hand, the number given to the client, and the number remaining. The number remaining equals the number on hand, minus the number given. The shaded count area is NOT filled out at the time of medication administration.
- iii. each time the medication is given, fill out the next line on the count sheet with date, time, name of person administering, number on hand, number given, and number remaining.
- c. If the medication is counted after having been administered during the shift
 - i. staff on and staff off count the medication to verify that it is the same amount as the last entry in the number remaining column.
 - ii. *on the same line as the last entry* staff on and staff off enter their initials, the date, and the time. Note that the date may be different than the date the

medication was given - if the count is at morning shift change and the medication was given before midnight.

5. To summarize – do not enter in last three columns when giving medications. When counting medications at shift change, the last three columns are completed, to verify the entry in the "number remaining" column. The "number remaining" number may need to be copied from the row above if the medication was not given between counts.

EXAMPLE - PRN MEDICATION - might be in a bottle, or a blister or bubble pack, or packs

Medication: Anuff: Dosage: Zomg Noute: by mouth Individual's Name: My Client Start Date: 8/12/2019 Received by (initials) Ik / sb 8/12/2019 Rx#: 9834 Medication Time: or PRN: PRN Received by (initials) Ik / sb 8/12/10/19 DATE TIME FULL NAME OF PERSON ADMINISTERING NUMBER ON HAND NUMBER Give NTO CLIENT NUMBER REMAINING NUMBER REMAINING VERIFIED BY: (INITIAL at end of shift) Number of shift) Number of shift) Number of shift Number of shift) Number of shift) Note that in count time: Note that in count in count in count of shift) Note that in count time: Nothing 8/14/2019 1:00 AM Jason Jones 114 2 112 bf<		-			each shift	EDICA e counted (G-7.007, F.A	ions must b		CO All controlle	b with disabilities lorida		agency
DATE FULL NAME OF PERSON ADMINISTERING NUMBER ON HAND NUMBER GIVEN TO CLIENT NUMBER REMAINING CLIENT NUMBER REMAINING STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF OTHER DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF OTHER DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF OTHER DATE/TIME DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME STAF- OFF DATE/TIME DATE/TIME STAF- OFF DATE/TIME STAF- OFF DATE/TIME STAF		8/12, not 14 th – cour before firs		mber :120	Verify Nu Received	8/12/2019	Start Date:		Individual's Name: <u>My Client</u> Enter Scheduled			
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8/14/2019 2:30 PM Sarah Cash 116 2 114 jj sc 8/14/19 / 7PM			8/14/19 / 704									

Don't forget to enter your name, signature, and initials at the bottom!

Please print name, sig	Please print name, sign, and initial below to identify initials used above.									
Name (print) / Signature	Initials		Initials							
Breanna Fair / Breanna Fair	bf	Sarah Cash / Sarah Cash	sc							
Lucy King / Lucy King	lk									
Jason Jones / Jason Jones	jj									

EXAMPLE - SCHEDULED MEDICATION - any supply specific to one time of administration - could be in a bottle or blister or bubble pack

In this example, the medication is given on only one shift, as would be the case if blister/bubble packs were used – a medication might be given once a day, or twice – but the pack for each scheduled time would have its own count sheet.

This would also be the example to use if a medication given once daily was supplied in a bottle.

HERE - the medication is **given** at 6PM. Medication is **counted** at 7PM, with shift change (twice daily, in this example).

-	agency		b with disabilities lorida		ONTROI	ions must l		each shift			
-	Medication Individual's		My Client	Scheduled		Dosage: Start Date:_	20mg 8/12/2019	Route: Verify Nu Received			
	Rx#: _9834		Medicatio		6 PM	or PRN:	Recei	ived by (initials) _lk / sb			
-	DATE	TIME	FULL NAME (ADMINIS		NUMBER ON HAND	NUMBER GIVEN TO CLIENT	NUMBER REMAINING	NUMBER REMAINING VERIFI (INITIAL at end of shift STAFF ON STAFF OFF DAT		of shift))	
	8/12/2019	6PM	Lucy	Kina	30	1	29	bf	lk	DATE/TIME 8/12/19 7PM	
-	0/12/2013		2009	g			29	lk	bf	8/13/19 7AM	
7	8/13/2019	6PM	Lucy	King	29	1	28	ij	lk	8/13/19 / 7PA	
							28	sc	jj	8/14/15 7AM	
1	8/14/2019	6PM	Sarah	Cash	28	1	27	jj	SC	8/14/19 / 7	
							27	SC	jj	8/15/19 / 7/ A	
	8/15/2019	6PM	Sarah	Cash	27	1	26	jj	SC	8/15/19 / 7P/I	

HERE - the medication is **not given** during the shift, but is **counted** at 7AM, with shift change.

Nothing is entered in these rows, because the medication was not given, but the medication is counted at shift change - the number remaining is copied from the row above, the medication is counted, and the shaded columns filled out with initials/date/time to verify that it is correct.

Example - SCHEDULED MEDICATION - Ordered for 3 times per day, supplied in a bottle.

Given at 8AM, 3PM, and 10PM, at a facility that works in 12-hour shifts. Note that the date on the count is not the same as the date the medication was administered for the 10PM time. This is fine – it just shows that the next count was due the next morning.

U	v			L	I	0		- I	J
agenc	for persons	With disabilities			tions must l	De counted G-7.007, F.J	each shift		
Medicatio	n:AnyReg	<u>gmed</u>			Dosage:	20mg	Route: Verify Nu	<u>by mouth</u> mber	
Individual	s Name:	My Client			Start Date:	8/12/2019	Received		
Enter Scheduled Rx#: _9834 Medication Time:8am, 3pm, 10pm or PRN: Received by (initials) _lk_ /_sb									
DATE	TIME		ISTERING ON HAND GIVEN TO REMAINING		NUMBER REMAINING VER (INITIAL at end of sh				
					CLIENT		STAFF ON	STAFF OFF	DATE/TIME
8/12/2019	3PM	Breann	a Fair	60	1	59	lk	bf	8/12/19-7PM
8/12/2019	10PM	Lucy	King	59	1	58	bf	lk	8/13/19 - 7AN
8/13/2019	8AM	Breann	ia Fair	58	1	57			
8/13/2019	3PM	Breann	a Fair	57	1	56	lk	bf	8/13/19 -7PM
8/13/2019	10PM	Lucy	King	56	1	55	bf	lk	8/14/19-7AM
8/14/2019	8AM	Breann	a Fair	55	1	54			
8/14/2019	3PM	Breann	ia Fair	54	1	53	lk	bf	8/14/19-7PM
8/14/2019	10PM	Lucy	King	53	1	52	bf	lk	8/15/19-7AM

Examples - ONE PERSON COUNTS - medication given daily at 8AM

In this example, there are two shifts, but they don't meet. The medication is given on one shift, but must be counted on both shifts.

agency	for persons	b with disabilities lorida		ONTROI	ions must t		each shift			
Medication	_	My Client		Dosage: Start Date:_	20mg 8/12/2019	Route: Verify Nu Received				
Rx#: 9834		Ente Medicatio	r Scheduled on Time:	8AM	or PRN:	Receive	ed by (initials) _lk_ /			
DATE	TIME	FULL NAME		NUMBER ON HAND	NUMBER GIVEN TO CLIENT	NUMBER REMAINING	NUMBER REMAINING VERIFIED (INITIAL at end of shift))		of shift))	
8/12/2019	8AM	Lucy	King	30	1	29	STAFF UN	STAFF OFF lk	DATE/TIME 8/12/19-12PM	
						29		bf	8/13/19 / 6AM	
8/13/2019	8AM	Lucy	King	29	1	28		lk	8/13/19-12PM	
						28		jj	8/14/19 / 6AM	
8/14/2019	8AM	Sarah	Cash	28	1	27		SC	8/14/19-12PM	
						27		jj	8/15/19 / 6AM	
8/15/2019	8AM	Sarah	Cash	27	1	26		SC	8/15/19 -12PM	

This is what this would look like if you preferred to put lines through all empty places

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DATE TIME		FULL NAME OF PERSON ADMINISTERING			ADMINISTERING ON HAND GIVEN TO REMAINING (INITIAL at end		GIVEN TO NUMBER			
				CLIENT		STAFF ON	STAFF OFF	DATE/TIME		
8/12/2019	8AM	Lucy King	30	1	29		lk	8/12/19-12PM		
					29		bf	8/13/19 / 6AM		
8/13/2019	8AM	Lucy King	29	1	28		lk	8/13/19-12PM		
					28		jj	8/14/19 / 6AM		
8/14/2019	8AM	Sarah Cash	28	1	27		SC	8/14/19-12PM		

In this example, there is only one shift per day, and the medication is counted daily before the MAP leaves for the day.

DATE	TIME	FULL NAME OF PERSON ADMINISTERING	NUMBER On hand	NUMBER GIVEN TO CLIENT	NUMBER Remaining	NUMBER REMAINING VE (INITIAL at end of s		
				U LLINI		STAFF ON	STAFF OFF	DATE/TIME
8/13/2019	8AM	Lucy King	29	1	28		lk	8/13/19-12PM
8/14/2019	8AM	Sarah Cash	28	1	27		SC	8/14/19-12PM
8/15/2019	8AM	Sarah Cash	27	1	26		SC	8/15/19 -12PM
6/15/2019	0/101	Garail Casil	21		20		30	or for