



**CONTROLLED DRUG RECORD**

-Chart each dose administered. IF DOSE IS REFUSED or NOT GIVEN, please put the appropriate code next to the dose # (R = refused, NG = not given), circle the dose # and chart it. At the Disposition of Remaining Doses box below, tally up the remaining doses and fill it out accordingly-

\*\*DISCHARGE NOTE: For person receiving medications. My signature on this form is indication that I do not want these medications in child proof containers and I understand that if I do want the child proof containers I may return these drugs to the issuing pharmacy for re-packaging.

INJECTIONS				MAXIMUM DISPENSED 20mL MINIMUM DOSAGE 0.5mL (1/2)mL UNITS				LIQUIDS - MAXIMUM DISPENSED 480mL, MINIMUM DOSAGE 5mL UNITS							
DATE	TIME	INJECTIONS 0.5mL UNITS	R / NG?	SIGNATURE	DATE	TIME	LIQUIDS	R / NG?	SIGNATURE	DATE	TIME	LIQUIDS	R / NG?	SIGNATURE	
		20					480					320			
		19.5					475					315			
		19					470					310			
		18.5					465					305			
		18					460					300			
		17.5					455					295			
		17					450					290			
		16.5					445					285			
		16					440					280			
		15.5					435					275			
		15					430					270			
		14.5					425					265			
		14					420					260			
		13.5					415					255			
		13					410					250			
		12.5					405					245			
		12					400					240			
		11.5					395					235			
		11					390					230			
		10.5					385					225			
		10					380					220			
		9.5					375					215			
		9					370					210			
		8.5					365					205			
		8					360					200			
		7.5					355					195			
		7					350					190			
		6.5					345					185			
		6					340					180			
		5.5					335					175			
		5					330					170			
		4.5					325					165			
		4													
		3.5													
		3													
		2.5													
		2													
		1.5													
		1													
		.5													

**DISPOSITION OF REMAINING DOSES**  
 Total of refused and not given doses: \_\_\_\_\_  
 Method of disposition:  
 Dose transferred to a medical waste container     Dose flushed     Doses Incinerated  
 Doses mixed with cat litter/coffee grounds     Other \_\_\_\_\_  
 QUANTITY \_\_\_\_\_ DATE \_\_\_\_\_ RN Signature \_\_\_\_\_ RPh Signature \_\_\_\_\_  
 Doses transferred to other Disposal Record DATE \_\_\_\_\_ Sign/Title \_\_\_\_\_  
 Doses discharged with patient (SEE RECORD ON CHART) QTY \_\_\_\_\_ Date \_\_\_\_\_  
 Party Receiving (see discharge note): \_\_\_\_\_ Rn Sign \_\_\_\_\_  
**SIGNATURE OF NURSE RECEIVING MEDICATION:**    Date \_\_\_\_\_ # of Doses Received: \_\_\_\_\_

LABEL



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**TABLETS - CAPSULES - AMPULES - PATCHES (MAXIMUM DISPENSED 120 UNITS, MINIMUM DOSE 1 UNIT)**

DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE	DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE	DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE	DATE	TIME	TABLETS/CAPSULES AMPULES/PATCHES	R / NG?	SIGNATURE
		120					90					60					30		
		119					89					59					29		
		118					88					58					28		
		117					87					57					27		
		116					86					56					26		
		115					85					55					25		
		114					84					54					24		
		113					83					53					23		
		112					82					52					22		
		111					81					51					21		
		110					80					50					20		
		109					79					49					19		
		108					78					48					18		
		107					77					47					17		
		106					76					46					16		
		105					75					45					15		
		104					74					44					14		
		103					73					43					13		
		102					72					42					12		
		101					71					41					11		
		100					70					40					10		
		99					69					39					9		
		98					68					38					8		
		97					67					37					7		
		96					66					36					6		
		95					65					35					5		
		94					64					34					4		
		93					63					33					3		
		92					62					32					2		
		91					61					31					1		

**DISPOSITION OF REMAINING DOSES**  
 Total of refused and not given doses: \_\_\_\_\_  
 Method of disposition:  
 \_\_\_Dose transferred to a medical waste container \_\_\_Dose flushed \_\_\_Doses Incinerated  
 \_\_\_Doses mixed with cat litter/coffee grounds \_\_\_Other \_\_\_\_\_  
 QUANTITY \_\_\_\_\_ DATE \_\_\_\_\_ RN Signature \_\_\_\_\_ RPh Signature \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_Doses transferred to other Disposal Record DATE \_\_\_\_\_ Sign/Title \_\_\_\_\_  
 \_\_\_Doses discharged with patient (SEE RECORD ON CHART) QTY \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_Party Receiving (see discharge note): \_\_\_\_\_ Rn Sign \_\_\_\_\_  
**SIGNATURE OF NURSE RECEIVING MEDICATION:** Date \_\_\_\_\_ # of Doses Received: \_\_\_\_\_  
 \_\_\_\_\_

LABEL