Your Hospital's Logo Here

ADMINISTRATION RECORD FOR NARCOTICS AND DANGEROUS DRUGS

DRUG and STRENGTH:	Rx #:

☐ AUTOMATIC STOP ORDER, NEW ORDER REQUEST

DATE DISP.	AMT DISP.	PHARMACIST	NURSE

DATE	Milit. TIME	DOSE ADMINISTERED	BAL.	NURSE

DATE RET.:	AMT RET.:	RETURNED BY:	RECEIVED BY:

☐ AUTOMATIC STOP ORDER, NEW ORDER REQUEST

REISSUE DT.	AMT DISP.	PHARMACIST	NURSE

DATE	Milit. TIME	DOSE ADMINISTERED	BAL.	NURSE

1) RETURN completed form with unused medications to the Pharmacy as soon as order has been discontinued.

2) Review accuracy of narcotic losses or waste in DAILY AUDIT column and sign below.

SIGNATURE ..... DATE .....

PATIENT:	Room #:

PATIENT IDENTIFICATION

DAILY AUDIT

DATE	SHIFT	ON-HAND	NURSE GOING OFF	NURSE GOING ON	DATE	SHIFT	ON-HAND	NURSE GOING OFF	NURSE GOING ON
	0700					0700			
	1500					1500			
	2300					2300			
	0700					0700			
	1500					1500			
	2300					2300			
	0700					0700			
	1500					1500			
	2300					2300			
	0700					0700			
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	1500					1500			
	2300					2300			
	0700					0700			
	1500					1500			
	2300					2300			
	0700					0700			
	1500					1500			
	2300					2300			

NOT PART OF THE MEDICAL RECORD