**Columbus County Schools -** Medication Administration Flow Sheet Log 2021-2022

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ School Year: \_2021-2022\_

Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_ Route: \_\_\_\_\_\_\_\_\_\_\_\_ Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments/Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN Review (Signature, Credentials, Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| **August**  (time &  initials) | X | X | X | X | X | X | X | X |  |  |  |  |  | X | X |  |  | |  |  |  | X | X |  |  |  |  |  | X | X |  |  |
| **September**  (time &  initials) |  |  |  | X | X | X |  |  |  |  | X | X |  |  |  |  |  | | X | X |  |  |  |  |  | X | X |  |  |  |  |  |
| **October**  (time &  initials) |  | X | X |  |  |  |  |  | X | X | X |  |  |  |  | X | X | |  |  |  |  |  | X | X |  |  |  |  |  | X | X |
| **November**  (time &  initials) |  |  |  |  |  | X | X |  |  |  | X |  | X | X |  |  |  | |  |  | X | X |  |  | X | X | X | X | X |  |  |  |
| **December**  (time &  initials) |  |  |  | X | X |  |  |  |  |  | X | X |  |  |  |  |  | | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| **January**  (time &  initials) | X | X | X |  |  |  |  | X | X |  |  |  |  |  | X | X | X | |  |  |  |  | X | X |  |  |  |  |  | X | X |  |
| **February**  (time &  initials) |  |  |  |  | X | X |  |  |  |  |  | X | X |  | X |  |  | |  | X | X |  |  |  |  |  | X | X |  |  |  |  |
| **March**  (time &  initials) |  |  |  |  | X | X |  |  |  |  |  | X | X |  |  | X |  | |  | X | X |  |  |  |  |  | X | X |  |  |  |  |
| **April**  (time &  initials) |  | X | X |  |  |  |  |  | X | X |  |  |  |  | X | X | X | | X | X | X | X | X | X | X |  |  |  |  |  | X |  |
| **May**  (time &  initials) | X |  |  | X |  |  | X | X |  |  |  |  |  | X | X |  |  | |  |  |  | X | X |  |  |  |  |  | X | X | X |  |
| **June**  (time &  initials) |  |  |  | X | X |  |  | X | X | X | X | X |  |  |  |  |  | | X | X |  |  |  |  |  | X | X |  |  |  |  |  |
| **July**  (time &  initials) |  | X | X |  |  |  |  |  | X | X |  |  |  |  |  | X | X | |  |  |  |  |  | X | X |  |  |  |  |  | X | X |
| Initials Full Name & Title Signature Date  (Keep current form with Medication Administration Authorization. File in Student’s cumulative record when complete.) | | | | | | | | | | | | | | | | | | INSTRUCTION/CODES  X = Weekend/Non-Scheduled School Day  D = Early Dismissal (left school before scheduled time)  N = No Medications/supplies available - Parent notified  O = Medication/procedure Omitted (document reason on reverse side)  R = No Show/Student Refusal (document of reverse side)  A = Absent  D/C = Discontinued P = Parent Administration HS Academic Session | | | | | | | | | | | | | | |

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| DATE | COMMENTS | INITIALS |
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