The below record should be filled out at each medication setup. If a new prescription is delivered, begin a new Controlled medication record for each prescription.

***The following nurse will maintain a written ongoing record of all controlled medications that are administered, for all clients with controlled substances. The numbers indicated by arrows should match exactly. Any amount of a controlled drug that is missing and cannot be accounted for requires notification to the Administrator and an incident report.***

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| **Setup****Date** | **Initial Amount of Medication on Hand** | **Amount Setup** | **New Amount in Original Storage** | **Signatures – *Both Recommended*** |
| **Registered Nurse** | **RC Staff (RN/LPN/HHA); Client/Family Member** |
| 10/25/18 | 185 | 14 | 171 | *Minnie Mouse, RN* | *John Doe* |
| 11/8/18 | 171 | 14 | 157 | *Minnie Mouse, RN* | *John Doe* |
| 11/22/18 | 157 | 14 | 143 | *Minnie Mouse, RN* | *John Doe* |

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| **Medication**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Rx#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |

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| **Setup****Date** | **Initial Amount of Medication on Hand** | **Amount Setup** | **New Amount in Original Storage** | **Signatures – *Both Recommended*** |
| **Registered Nurse** | **RC Staff (RN/LPN/HHA); Client/Family Member** |
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| **Setup****Date** | **Initial Amount of Medication on Hand** | **Amount Setup** | **New Amount in Original Storage** | **Signatures – *Both Required*** |
| **Registered Nurse** | **RC Staff (RN/LPN/HHA); Client/Family Member** |
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