

SYMBOL KEY:

B-	BED HOLD
H-	HOSPITAL
L-	LEAVE OF ABSENCE
X-	NOT DUE
Q-	NOT ADMINISTERED See Notes
/-	MISSED DOSE
IS-	SELF ADMINISTERED
H/H	HOME HEALTH
NR	NOT RECORDED

**SITE KEY:**

Routine Med Order	Freq.	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
Paracotitamor	fr31	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Anniveral	2fre	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Hypo nics	fre0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Inosa	fre0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Marelia	fre0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Headache	fre0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Routine Med Order	Freq.	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

Resident: HODAL BIZIMNGU	MedRecNo:	Benchmark Valley Behavioral Home	Location: Benchmark Valley Behavioral Home Branham
DOB: 4/22/1967	Physician: Unknown	Allergies: None	Diagnosis: None
Diet: None			

[illegible]

	QTY	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	
Marelia	Date	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Time	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Initial	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Re-sult	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	QTY	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
Headache	Date	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Time	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Initial	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	Re-sult	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1
	QTY	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1

NIT	Full Signature And Title	NIT	Full Signature And Title	NIT	Full Signature And Title	NIT	Full Signature And Title	NIT	Full Signature And Title	NIT	Full Signature And Title	NIT	Full Signature And Title
NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature
NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature
NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature
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NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature	NIT	Signature

Resident: HODAL BIZIMNGU  
DOB: 4/22/1967  
Diet: None

MedRecNo:  
Physician: Unknown

Benchmark Valley Behavioral Home  
Allergies: None

Location: Benchmark Valley Behavioral Home Branham  
Diagnosis: None

Medication Notes  
See PRN section for verifying  
Signatures

Instructions:  
A  
B

SUGGEST REFUSED/WITHHELD MEDICATION  
WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN

SITE KEY:

Date	Time	Init	Drug-Strength-Dosage	Site	Ob	Date	Time	Init	Drug-Strength-Dosage	Site	Ob
12/2/2021	9:00	Init	Drug	Site	Ob	12/2/2021	9:00	Init	Drug	Site	Ob
12/2/2021	9:00	Init	Drug	Site	Ob	12/2/2021	9:00	Init	Drug	Site	Ob
12/2/2021	9:00	Init	Drug	Site	Ob	12/2/2021	9:00	Init	Drug	Site	Ob
12/2/2021	9:00	Init	Drug	Site	Ob	12/2/2021	9:00	Init	Drug	Site	Ob
12/2/2021	9:00	Init	Drug	Site	Ob	12/2/2021	9:00	Init	Drug	Site	Ob
12/2/2021	9:00	Init	Drug	Site	Ob	12/2/2021	9:00	Init	Drug	Site	Ob

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