

Merced College  
Vocational Nursing Program  
**Medication Sheet**

Client's Initials \_\_\_\_\_ PFN \_\_\_\_\_  
Allergies: \_\_\_\_\_

Student: \_\_\_\_\_

TIME/ ROUTE	DRUG BRAND NAME GENERIC NAME	CLIENT'S DOSE USUAL? WNL	DRUG CATEGORY ACTION	<u>DIAGNOSIS FOR THIS RX</u> WHY DID YOUR CLIENT GET THIS? HOW DOES IT WORK?	MAIN SIDE EFFECTS	WHAT SHOULD YOU DO BEFORE GIVING THIS RX?	MEDICATION INCOMPATI- BILITIES	TESTS & LABS (WHY) (NORMALS) & PT'S.
					ANTIDOTE			