



CONTROLLED MEDICATION INVENTORY RECORD

Name of Youth \_\_\_\_\_ Ordering Physician \_\_\_\_\_
DJJID# \_\_\_\_\_ Prescribed Medication \_\_\_\_\_
DOB \_\_\_\_\_ Prescription Number \_\_\_\_\_
Facility Name \_\_\_\_\_ Date Received \_\_\_\_\_
Pharmacy \_\_\_\_\_ Beginning Count \_\_\_\_\_

\*Medications are to be inventoried/counted prior to administration and after administration

\*Minimum daily inventory must be completed in the event the medication is not provided

Table with 12 columns: Date, Time, Count, Staff #1 initials, Staff #2 initials, Amount Given, Given by, Date, Time, Count, Staff #1 initials, Staff #2 initials. The table contains 20 empty rows for data entry.

Printed Name/credentials: \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Printed Name/credentials: \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Printed Name/credentials: \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

Printed Name/credentials: \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_

