



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 _____

