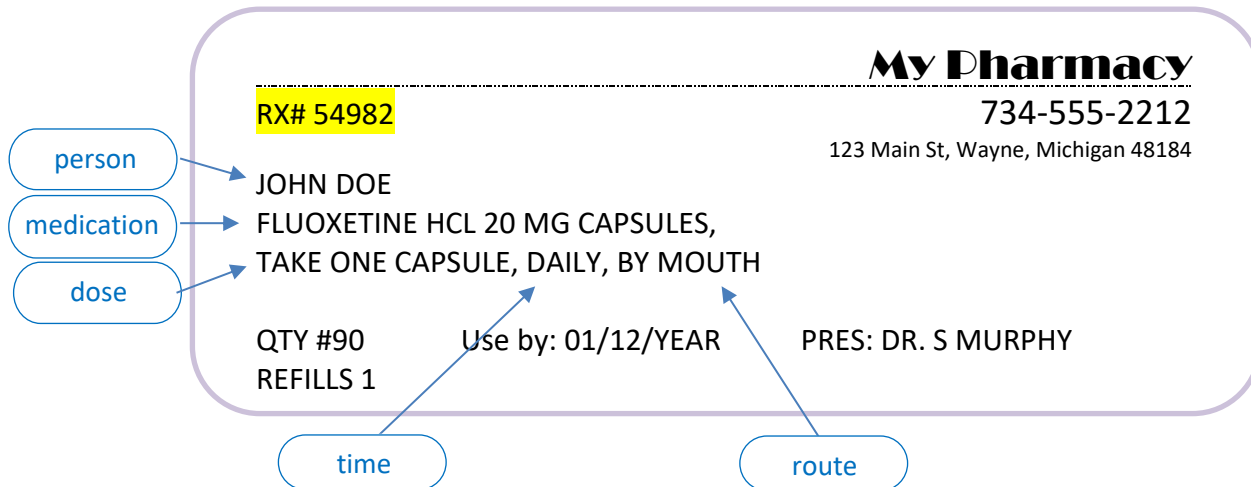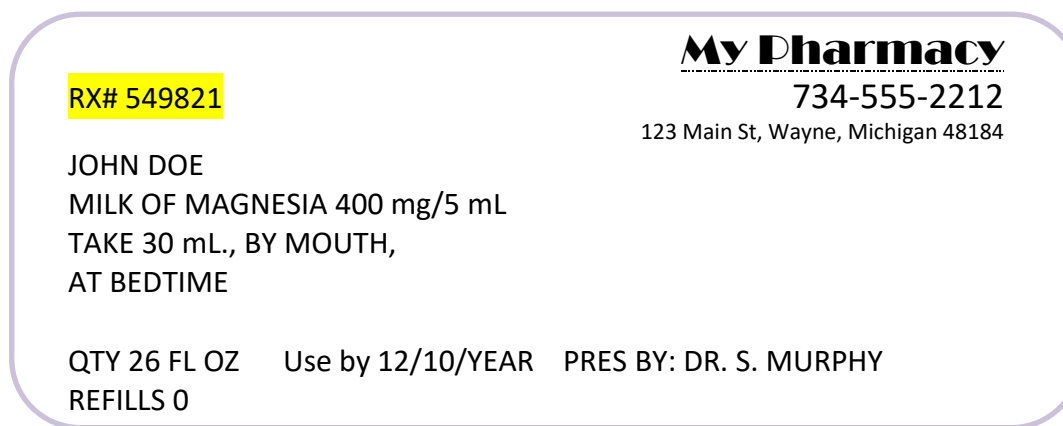# TRANSCRIPTION WORKBOOK 1

Here is an example of a pharmacy label, you can see each of the five rights.
- The rights do not always appear in the same order
- If the medication is given by mouth, sometimes that right will be dropped from the pharmacy label because it is such a common route.
- When identifying the medication, you must include the strength

My Pharmacy

RX# 54982

734-555-2212

123 Main St, Wayne, Michigan 48184

person →

JOHN DOE

medication →

FLUOXETINE HCL 20 MG CAPSULES,

dose →

TAKE ONE CAPSULE, DAILY, BY MOUTH

QTY #90   Use by: 01/12/YEAR   PRES: DR. S MURPHY

REFILLS 1

time   route

A. Dose, amount	Take one capsule
B. Route, how	By mouth
C. Time, when	Daily, 8 am
D. Individual/Person, who	John Doe
E. Medication, what	Fluoxetine HCL 20 mg capsules*
	*note the strength is part of medication

My Pharmacy

RX# 549821

734-555-2212

123 Main St, Wayne, Michigan 48184

JOHN DOE

MILK OF MAGNESIA 400 mg/5 mL

TAKE 30 mL., BY MOUTH,

AT BEDTIME

QTY 26 FL OZ   Use by 12/10/YEAR   PRES BY: DR. S. MURPHY

REFILLS 0

1. Looking at the label above, please answer the following:
   A. Dose _____
   B. Route _____
   C. Time _____
   D. Individual/Person _____
   E. Medication _____

PHYSICIAN'S ORDER SHEET

NAME: ___John Doe___   D.O.B. ___10/28/1961___   RESIDENCE: ___MAIN___

ALLERGIES: NKDA

	QUANTITY	REFILL
benztropine 2 mg tablet, daily, give one tablet, by mouth	30	3
atorvastatin 10 mg tablet, give one tablet, at bedtime, by mouth	30	3
metformin 1000 mg tablet, by mouth, give two tablets, daily	60	3
Pepto-Bismol 262 mg/15 mL, give 30 ml, daily PRN, by mouth	30	0
Flonase nasal spray, in each nostril, give two sprays, daily	1	0
clonazepam 1 mg tablet, give one tablet, twice a day prn, by mouth	30	0
lamotrigine 25 mg tablets, give three tablets, by mouth, daily	90	3

PHYSICIAN'S SIGNATURE: *Dr. Murphy*	DATE:	02/15/YEAR
(PRINT NAME) S. Murphy, MD	PHONE:	313-555-5511
ADDRESS 12456 Main, Detroit, Michigan 48180	MEDICAID # 89302800	
	DEA # 98098-085	

2. Look at the Physician's Order Sheet above:
   A. Underline the name of each medication, remember to include the strength.
   B. Circle each dose.

3. What is the dose of the benztropine 2 mg tablets? _____

4. What is the meaning of NKDA? _____

5. What is the dose of Pepto-Bismol? _____

6. What is the route of Pepto-Bismol? _____

7. Do we know the strength of the Flonase Nasal Spray?   YES / NO

8. What is the route for Flonase Nasal Spray? _____

9. What is the strength of the lamotrigine tablets? _____

10. What is the dose of the lamotrigine tablets? _____

11. How many milligrams of lamotrigine would the person receive at one time? _____

12. What does PRN mean? every day / as needed / dispense as written

Some approved Medication Administration Times

DESCRIPTION	TIMES		CHART	
Q day, daily, once a day, everyday	8:00 am		8A	
BID, Twice a day	8:00 am	8:00 am	8A	8A*
	4:00 pm		4P	
		8:00 pm		8P*
*EVERY 12 HOURS	8:00 am and 8:00 pm			
TID Three times a day	8:00 am		8A	
	4:00 pm		4P	
	8:00 pm		8P	
QID Four times a day	8:00 am		8A	
	12:00 pm		12P	
	4:00 pm		4P	
	8:00 pm		8P	

13. PRACTICE: Fill in the appropriate times for each order

MEDICATION	HR	MEDICATION	HR
Centrum Daily Vitamin and Mineral, daily, give one tablet, by mouth		Phenytoin 125 mg / 5 mL oral suspension, give 5mL, three times a day, by mouth	
Tegretol 100 mg tablets, give one tablet, three times a day, by mouth		Furosemide 20 mg tablets, twice a day, give one tablet, by mouth	
Artificial Tears, four times a day, give two drops, in each eye		Keppra 100 mg / mL, give 10mLs, twice a day, by mouth	
Hydrocortisone cream 5%, apply thin layer, to rash on right thigh, twice a day		MS Contin 15 mg tablets, give one tablet, every 12 hours, by mouth	
Apresoline 10 mg tablet, four times a day, give one tablet, by mouth		Aspirin 325 mg tablets, daily, give one tablet, by mouth	

MEDICATION STARTING ON THE FIRST OF THE MONTH

MyPharmacy
RX# 456008   734-555-2212

MARK SMITH
TEGRETOL 200 MG TABLETS
GIVE ONE TABLET, THREE TIMES A DAY,
BY MOUTH

QTY 90   Use by 2/13/YEAR
REFILLS 0   PRES BY: DR. WHO

MyPharmacy
RX# 7908644   734-555-2212

MARK SMITH
ARTIFICIAL TEARS
APPLY TWO DROPS, IN BOTH EYES,
FOUR TIMES A DAY

QTY 1   Use By 4/13/YEAR
REFILLS 2   PRES BY: DR. WHO

14. Looking at the labels above, please answer the following:
    A. Dose
    B. Route
    C. Time
    D. Individual/Person
    E. Medication

    Mark's Tegretol 200 mg tablets order has been transcribed for you.

15. Please complete the current month and year on the Medication/Treatment Chart and complete the transcription for Mark's Artificial Tears using the pharmacy label above.

COMMUNITY *Living* SERVICES	LAST NAME SMITH	FIRST NAME MARK	
	ID # 54390	HOME SMITH	
	B.D. MARCH 10, 1968		
	ALLERGIES NKDA		
	MONTH/YEAR		

MEDICATION	HR	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
Tegretol 200 mg. tablets, give one tablet, three times a day, by mouth	8A																															
	4P																															
	8P																															

MEDICATION STARTING OTHER THAN FIRST OF THE MONTH

Sometimes, medications will start on a day other than the first of the month, for example: new medication is started by healthcare provider or medication orders at hospital discharge.

My Pharmacy
RX# 509804509   734-555-2212
123 Main St, Wayne, Michigan 48184
JANE DOE
COLACE 50 MG/15ML, GIVE ONE TABLESPOON, TWICE A DAY, BY MOUTH
QTY 1   Use by 5/05/YEAR
REFILLS 0   PRES BY: DR. D. ROSS

My Pharmacy
RX# 245245   734-555-2212
123 Main St, Wayne, Michigan 48184
JANE DOE
NASAL NOSE SPRAY, GIVE TWO SPRAYS, IN EACH NOSTRIL, EVERY TWELVE HOURS
QTY 1   Use by 5/05/YEAR
REFILLS 0   PRES BY: DR. D ROSS

When an order does NOT start on the first of the month, mark off all days medication is not given

HR	1	2	3	4	5	6	7
8A	→						
8P	→						

OR

HR	1	2	3	4	5	6	7
8A	X	X	X	X			
8P	X	X	X	X			

Scenario: Jane Doe had an appointment and got two new medication orders from her physician. You pick up the prescriptions from the pharmacy at 6:00 am on May 5, YEAR. Jane's Nasal Nose Spray has been transcribed for you.

16. Please write in the current month and year on the Medication/Treatment Chart and complete the transcription for Jane's Aspirin 81 mg. tablet using the pharmacy label.

LAST NAME DOE	FIRST NAME JANE
ID # 54321	HOME DOE
B.D. OCT 28, 1961	
ALLERGIES NKDA	
MONTH/YEAR	

COMMUNITY Living SERVICES

MEDICATION	HR	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
COLACE 50MG/15ML, GIVE ONE TABLESPOON, TWICE A DAY, BY MOUTH	8A			→																												
	8P			→																												

MEDICATION GIVEN FOR A LIMITED AMOUNT OF TIME

Sometimes, medications are given for a specific period. For example, when titrating medication or when an individual has an acute illness like a urinary tract infection, or pneumonia.

When a medication is ordered for a specific number of days, you must indicate the date and time of the last dose given.
- Multiply the number of times each day the medication is to be given by the number of days it is prescribed. This equals the total number of doses the person should receive.
  For example: four times a day (4) x 10 = 40 doses of medication
- Count the number of doses boxes to be left open for staff's initials.
- Draw arrows accurately to indicate when to begin and when to discontinue the medication.
- Specify the last dose, write: DISCONTINUE ON (DATE) AFTER (TIME) DOSE INITIAL AND DATE

SCENARIO: Jane Doe got a burn on her arm and went to the urgent care. You were given an order for; Keflex 500 mg. tablets, an antibiotic Jane will be taking for only ten days.   You can see the first dose of this medication is on the 8th of the month.

My Pharmacy

RX# 5598301   734-555-2212

123 Main St, Wayne, Michigan 48184

JANE DOE
KEFLEX 500 MG TABLETS
GIVE ONE TABLET, FOUR TIMES A DAY FOR TEN DAYS,
BY MOUTH

QTY 40   DISPENSED ON 5/08/YEAR   PRES BY: DR. OZ
REFILLS 0

LAST NAME DOE		FIRST NAME JANE
ID # 54321		HOME DOE
B.D. OCT 28, 1961		
ALLERGIES NKDA		
MONTH/YEAR May YEAR		

;

MEDICATION	HR	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
Keflex 500 mg tablets, Give one tablet, four times a day for ten days, by mouth	8A							→	1	5	9	13	17	21	25	29	33	37	←													
	12P							→	2	6	10	14	18	22	26	30	34	38	← DISCONTINUE ORDER ON													
	4P							→	3	7	11	15	19	23	27	31	35	39	← 05/17/YEAR AFTER 8PM DOSE													
	8P							→	4	8	12	16	20	24	28	32	36	40	← YOUR INITIALS													

40 DOSES

MEDICATIONS GIVEN FOR A LIMITED AMOUNT OF TIME, continued

Sometimes, medications are given for a limited amount of time, for example: an antibiotic for infections or a medication to improve wound healing.

<table>
<tr><td>

My Pharmacy

RX# 646721   734-555-2212

123 Main St, Wayne, Michigan 48184

JANE DOE
CORTISPORIN EAR DROPS, GIVE TWO DROPS, IN LEFT EAR, TWICE A DAY FOR TEN DAYS
QTY 1   Use by 5/03/YEAR
REFILLS 0   PRES BY: DR. M. WELBY

</td><td>

My Pharmacy

RX# 245497   734-555-2212

123 Main St, Wayne, Michigan 48184

JANE DOE
TRIPLE ANTIBIOTIC OINTMENT, APPLY SPARINGLY, TWICE A DAY FOR SEVEN DAYS, TO BURN ON RIGHT ARM
QTY 1   Use by 5/03/YEAR
REFILLS 0   PRES BY: DR. M. WELBY

</td></tr>
</table>

Jane Doe	Case # 54321
Home: Doe	Birthdate: 06-17-1965
No Known Drug Allergies	

Scenario: Jane Doe had an appointment and got two new medication orders from her physician. You pick up the prescriptions from the pharmacy at 6:00 am on May 3rd.

17. Please complete Jane's identifying information on Medication/Treatment Chart and complete the transcription for Jane's medications using the pharmacy label. <u>Start the medications on May 3rd.</u>

COMMUNITY Living SERVICES		
	LAST NAME	FIRST NAME
	CASE #	HOME
	B.D.	
	ALLERGIES	
	MONTH/YEAR	

MEDICATION	HR	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

Answers

1.   A. Dose = take 30 mL
          B. Route = by mouth
          C. Time = at bedtime, HS
          D. Individual/Person = John Doe
          E. Medication = Milk of Magnesia 40 mg/5mL
          Remember you must always include the strength if one indicated. If you answered only Milk of Magnesia, please correct it.

2.

PHYSICIAN'S ORDER SHEET		
NAME: John Doe D.O.B. 10/28/1961 RESIDENCE: Penncrest		
ALLERGIES: NKDA	QUANTITY	REFILL
benztropine 2 mg tablet, daily, take one tablet, by mouth	30	3
atorvastatin 10 mg tablet, take one tablet, at bedtime, by mouth	30	3
metformin 1000 mg tablet, by mouth, take two tablets, daily	60	3
Pepto-Bismol 262 mg/15 mL, give 30 ml, daily PRN, by mouth	30	0
Flonase nasal spray, in each nostril, give two sprays, daily	1	0
clonazepam 1 mg tablet, take one tablet, twice a day prn, by mouth	30	0
lamotrigine 25 mg tablets, take three tablets, by mouth, daily	90	3

PHYSICIAN'S SIGNATURE: *Dr. Crisley*	DATE: 02/15/YEAR
(PRINT NAME) Dr. Phillip Crisley	PHONE: 313-555-5511
ADDRESS 12456 Second, Detroit, Michigan 48180	MEDICAID # 89302800
	DEA # 98098-085

3. What is the dose of benztropine 2 mg tablets? _give one tablet_

4. What is the meaning of NKDA? _No known drug allergy_

5. What is the dose of Pepto-Bismol? _30mL_

6. What is the route of Pepto-Bismol? _by mouth_

7. Do we know the strength of the Flonase Nasal Spray?   YES / NO

8. What is the route for Flonase Nasal Spray? _In each nostril_

9. What is the strength of the lamotrigine tablets? <u>25 mgs.</u>

10. What is the dose of the lamotrigine tablets? <u>give 3 tablets</u>

11. How many milligrams of lamotrigine would the person receive at one time? <u>75 mgs</u>

12. What does PRN mean?   every day / (as needed) / dispense as written

13.

MEDICATION	HR		MEDICATION	HR
Centrum Daily Vitamin and Mineral, daily, give one tablet, by mouth	8A		Phenytoin 125 mg / 5 mL oral suspension, give 5mL, three times a day, by mouth	8A 4P 8P
Tegretol 100 mg tablets, give one tablet, three times a day, by mouth	8A 4P 8P		Furosemide 20 mg tablets, twice a day, give one tablet, by mouth *	8A 4P
Artificial Tears, four times a day, give two drops, in each eye	8A 12P 4P 8P		Keppra 100 mg / mL, give 10mLs, twice a day, by mouth *	8A 8P
Hydrocortisone cream 5%, apply thin layer, to rash on right thigh, twice a day *	8A 8P		MS Contin 15 mg tablets, give one tablet, every 12 hours, by mouth	8A 8P
Apresoline 10 mg tablet, three times a day, give one tablet, by mouth	8A 4P 8P		Aspirin 325 mg tablets, daily, give one tablet, by mouth	8A

*THE TWICE A DAY MEDICATIONS ABOVE (Hydrocortisone cream 5%, Furosemide 20 mg tablets, and Keppra 100 mg/mL) appropriate times could be (8A and 4P) or (8A and 8P)

14. A. Dose = take one tablet
    B. Route = by mouth
    C. Time = three times a day; 8:00 am, 4:00 pm, and 8:00 pm
    D. Individual/Person = Mark Smith
    E. Medication = Tegretol 200 mg. tablets   Remember you must always include the strength if one indicated. If you answered only Tegretol, please correct it.

    A. Dose = apply two drops
    B. Route = in both eyes
    C. Time = four times a day; 8:00 am, 12:00 pm, 4:00 pm, and 8:00 pm
    D. Individual/Person = Mark Smith
    E. Medication = Artificial Tears

15. MEDICATIONS BEING GIVEN ON FIRST OF MONTH

LAST NAME	SMITH		FIRST NAME	MARK
ID # 54390			HOME SMITH	
B.D. MARCH 10, 1968				
ALLERGIES NKA				
MONTH/YEAR CURRENT MONTH/YEAR				

MEDICATION	HR	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
TEGRETOL 200 MG. TABLETS, GIVE ONE TABLET, THREE TIMES A DAY, BY MOUTH	8A																															
	4P																															
	8P																															
ARTIFICIAL TEARS, APPLY TWO DROPS, IN BOTH EYES, FOUR TIMES A DAY	8A																															
	12P																															
	4P																															
	8P																															

16. MEDICATIONS STARTING OTHER THAN THE FIRST OF THE MONTH

LAST NAME	DOE		FIRST NAME	JANE
ID # 54321			HOME DOE	
B.D. OCT 28, 1961				
ALLERGIES NKDA				
MONTH/YEAR CURRENT MONTH/YEAR				

MEDICATION	HR	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
COLACE 50MG/15ML, GIVE ONE TABLESPOON, TWICE A DAY, BY MOUTH	8A	→	→	→																												
	8P	→	→	→																												
NASAL NOSE SPRAY, GIVE TWO SPRAYS, IN EACH NOSTRIL, EVERY 12 HOURS	8A	→	→	→																												
	8P	→	→	→																												

17. MEDICATIONS GIVEN FOR A LIMITED AMOUNT OF TIME

LAST NAME	DOE	FIRST NAME	JANE
ID # 54321		HOME DOE	
B.D. OCT 28, 1961			
ALLERGIES NKDA			
MONTH/YEAR CURRENT MONTH/YEAR			

MEDICATION	HR	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
CORTISPORIN EAR DROPS, APPLY TWO DROPS, IN LEFT EAR, TWICE A DAY FOR TEN DAYS	8A	→											←																			
	8P	→												←																		
									DISCONTINUE ORDER ON 05/12/YEAR AFTER 8PM DOSE YOUR INITIALS																								
TRIPLE ANTIBIOTIC OINTMENT APPLY SPARINGLY, TWICE A DAY FOR SEVEN DAYS, TO BURN ON RIGHT ARM	8A	→							←																							
									DISCONTINUE ORDER ON 05/09/YEAR AFTER 8PM DOSE YOUR INITIALS																								
	8P	→							←																							