**Vincent Winthrop Practice Skills**

 **Transcription**



**Instructions:**

You have taken **Vincent Winthrop** to the doctor and have received medication from the pharmacy.

The date is **DECEMBER 18, YEAR.** It is **1:00 PM.**

Use the following Doctor’s Orders and Pharmacy Labels to:

1) Transcribe the Discontinuation of Medications

2) Transcribe New Doctor Orders onto the

 Medication Administration Record (MAR).

**This is Transcription Only**

**You are not administering medications**

**Transcribe the following Discontinuation Orders**

**Copies of Discontinuation Orders**

**A**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

Discontinue alprazolam (Brand Name is XANAX)

Doctor’s Signature: *Dr. S. Davidson, MD*

**B**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

Discontinue atenolol (Brand Name is TENORMIN)

Doctor’s Signature: *Dr. S. Davidson, MD*



**C**

Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

Discontinue acetaminophen (Brand Name is TYLENOL)

Doctor’s Signature: *Dr. S. Davidson, MD*



**D**

Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

Discontinue phenytoin (Brand Name is DILANTIN)

Doctor’s Signature: *Dr. S. Davidson, MD*

**December Year MEDICATION ADMINISTRATION RECORD Allergies: None**



**PR0GRESS NOTES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hour** | **Initials** |  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson discontinued alprazolam (XANAX)  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson discontinued atenolol (TENORMIN)  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson discontinued acetaminophen (TYLENOL)  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson discontinued phenytoin (DILANTIN)  |
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature |
| RN | *Reggie Newton* | YI | YOUR SIGNATURE |  |  |  |  |
| KB | Karl Burke |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

New Order: clonazepam 0.5 mg (Brand Name is KLONOPIN)

Take One Tablet by Mouth Twice a Day

Quantity: 62 Tablets

Refills: 3 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



RX# C284-9726 ABC Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MI 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

clonazepam 0.5 mg (Brand Name is KLONOPIN)

Take One Tablet by Mouth Twice a Day

Quantity: 62 Tablets

Refills: 3 \*Discard this medication 1 year after date dispensed.

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

metoprolol 50 mg (Brand Name is LOPRESSOR)

Take Two Tablets Once a Day in the Morning by Mouth

Quantity: 62 Tablets

Refills: 5 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



RX# 978642 ABC Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MI 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

metoprolol 50 mg (Brand Name is LOPRESSOR)

Take Two Tablets Once a Day in the Morning by Mouth

Quantity: 62 Tablets

Refills: 5 \*Discard this medication 1 year after date dispensed.

**MEDICATION ADMINISTRATION RECORD**

**December Year Allergies: None**



**PROGRESS NOTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hour** | **Initials** |  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed new medication clonazepam (KLONOPIN)  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed new medication metoprolol (LOPRESSOR)  |
|  |  |  |  |
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature |
| RN | *Reggie Newton* | YI | YOUR SIGNATURE |  |  |  |  |
| KB | Karl Burke |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

ibuprofen 200 mg (Brand Name is MOTRIN)

Take Two Tablets Every 6 Hours as Needed for Knee Pain, by Mouth.

Do not give more than 2 doses in 24 hours

Quantity: 30 Tablets

Refills: 2 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



Rx#287-97226 Adams Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MA 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

ibuprofen 200 mg (Brand Name is MOTRIN)

Take Two Tablets Every 6 Hours as Needed for Knee Pain, by Mouth

Do not give more than 2 doses in 24 hours

Quantity: 30 Tablets

Refills: 2 \*Discard this medication 1 year after date dispensed.

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

calcium carbonate 500 mg (Brand Name is TUMS)

Take Two Tablets Every 6 Hours as Needed for Indigestion, by Mouth.

Do not give more than 2 doses in 24 hours

Quantity: 124 Tablets

Refills: 3 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



Rx#287-97226 Adams Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MA 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

calcium carbonate 500 mg (Brand Name is TUMS)

Take Two Tablets Every 6 Hours as Needed for Indigestion, by Mouth

Do not give more than 2 doses in 24 hours

Quantity: 124 Tablets

Refills: 3 \*Discard this medication 1 year after date dispensed.

**MEDICATION ADMINISTRATION RECORD**

**December Year Allergies: None**



**PROGRESS NOTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hour** | **Initials** |  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed ibuprofen (Brand Name is MOTRIN) for Knee Pain |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed calcium carbonate (Brand Name is TUMS) for indigestion |
|  |  |  |  |
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature |
| RN | *Reggie Newton* | YI | YOUR SIGNATURE |  |  |  |  |
| KB | Karl Burke |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

divalproex sodium 250 mg (Brand Name is DEPAKOTE)

Take Two Capsules Two Times a Day by Mouth

Quantity: 124 Capsules

Refills: 2 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



RX# 756-4389 ABC Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MI 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

divalproex sodium 250 mg capsule (Brand Name is DEPAKOTE)

Take Two Capsules Two Times a Day by Mouth

Quantity: 124 Capsules

Refills: 2 \*Discard this medication 1 year after date dispensed.

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

carbamazepine 200 mg (Brand Name is CARBATROL)

Take Two Tablets Twice a Day at 8 AM and at 8 PM, by Mouth

Quantity: 124 tablets

Refills: 2 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



RX# 692-151 ABC Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MI 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

carbamazepine 200 mg (Brand Name is CARBATROL)

Take Two Tablets Twice a Day at 8 AM and at 8 PM, by Mouth

Quantity: 124 Tablets

Refills: 2 \*Discard this medication 1 year after date dispensed.

**MEDICATION ADMINISTRATION RECORD**

**December Year Allergies: None**



**PROGRESS NOTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hour** | **Initials** |  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed divalproex sodium (Brand Name is DEPAKOTE) |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed carbamazepine (Brand Name is CARBATROL)  |
|  |  |  |  |
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature |
| RN | *Reggie Newton* | YI | YOUR SIGNATURE |  |  |  |  |
| KB | Karl Burke |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

aripiprazole 15 mg (Brand Name is ABILIFY)

Take One Tablet Twice a Day at 8 AM and at 8 PM by Mouth

Quantity: 60 Tablets

Refills: 3 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



RX# 491-7307 ABC Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MI 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

aripiprazole 15 mg (Brand Name is ABILIFY)

Take One Tablet Twice a Day at 8 AM and at 8 PM by Mouth

Quantity: 60 Tablets

Refills: 3 \*Discard this medication 1 year after date dispensed.

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**Copy of Prescription Order**



Vincent Winthrop (Date of Birth: 2-2-1962) Date: 12-18-Year

amoxicillin 250 mg (Brand Name is AMOXIL)

Take One Tablet Four Times a Day for 10 Days by Mouth

Quantity: 40 Tablets

Refills: 0 Doctor’s Signature: *Dr. S. Davidson, MD*

**Pharmacy Label**



RX# 907-4832 ABC Pharmacy Date Written: 12-18-Year

R.L. Smith, RPH 20 Main Street Date Dispensed: 12-18-Year

 Any Town, MI 09111

Dr. S. Davidson, MD 555-555-1212

Vincent Winthrop [Date of Birth: 2-2-1962]

amoxicillin 250 mg (Brand Name is AMOXIL)

Take One Tablet Four Times a Day for 10 Days by Mouth

Quantity: 40 Tablets

Refills: 0 \*Discard this medication 1 year after date dispensed.

**MEDICATION ADMINISTRATION RECORD**

**December Year Allergies: None**



**PROGRESS NOTE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Hour** | **Initials** |  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed aripiprazole (Brand Name is ABILIFY)  |
| 12-18-Yr | 1:00 PM | YI | Dr. Davidson prescribed amoxicillin (Brand Name is AMOXIL) for 10 days |
|  |  |  |  |
| Initials | Signature | Initials | Signature | Initials | Signature | Initials | Signature |
| RN | *Reggie Newton* | YI | YOUR SIGNATURE |  |  |  |  |
| KB | Karl Burke |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |