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Patient name:		Keep medication	log in locked kit				
PHN:	DOB:	City:	Kit#:	Date started:			
 Do NOT give the lock of the use of the kit. Count all medications All persons making an 	emoved from the kit must b	pers or caregivers. Kits are then narcotics / benzodiaz complete the master signat	repines at each visit (minir	ans and Northern Health nunum weekly) thereafter.	urses who are trained in		
Master signature list							
Master signature list Print name	Signature	Print name	Signature	Print name	Signature		
Date completed:							
Pharmacy use only							
Pharmacy audit complete Date: Complete and ready for s	Signature: _						
	Signature: _						



Medication Log

*(-	northern	health
1 -		rn way of caring

	the northe	rn way of	caring													Page 2 of 2	
		Dose (mg)	Number of vials/amps taken out (balance to be listed under medication)	dexamethsone 10 mg/mL INJ, 10 mL	glycopyrrolate 0.2 mg/mL, 2mL	haloperidol 5 mg/mL INJ, 1 mL	HYDROmorphone 10 mg/mL INJ, 1 mL	methotrimeprazine 25 mg/mL INJ, 1 mL	metoclopramide 5 mg/mL INJ, 2 mL	midazolam 5 mg/mL INJ, 2 mL	morphine 10 mg/mL INJ, 1 mL	LORazepam 1 mg sublingual TAB	DOB: PHN:		name:		
Opening co	unt	(9)	20	1	5	10	20	10	10	5	10	20		_		1	
Date Date	Time			•	3	10	20	10	10	,	10	20			Physician Ordering	Signature (RN/MD)	
24.0	111110														, , , , , , , , , , , , , , , , , , ,	,	
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