ADDITIONAL DOCUMENTATION PRACTICE EXERCISES
INSTRUCTIONS AND PHARMACY LABELS

INSTRUCTIONS: Give student a blank agency MAR and a copy of the Exercise (scripts and the corresponding instructions) to be completed.

EXERCISE #1

1. **Complete the basic information on the blank MAR for Chip. Then enter the 3 medications from the pharmacy labels above on the MAR. Use your agency times for administration.**
2. **You give Chip his dose of Amoxicillin at 4:15 pm on 5/2/2007. Document this administration on the MAR.**
3. **Chip was seen in the emergency room on May 15th for GI bleeding and his Prevacid was increased to 45 mg two times a day. He was instructed to take 1 and ½ of the 30 mg tablets instead of 1 tablet and was given a new prescription. Document a missed dose of 30 mg of Prevacid for the morning of May 15th when Chip was in the ER. Then document the change in the dose of Prevacid on the MAR.**
4. **Chip took his dose of Methotrexate at 11 am on May 15th when he got home from the ER. Document this late administration.**
5. **Chip went to visit his mother on May 17th and missed his evening doses of all of his medications. Document his absence on the MAR.**
6. **Chip was in a bad mood in the evening of May 22nd and refused to take his Prevacid. Document that refusal.**
7. **On May 25th Chip complains of a headache. His doctor allows him to take 2 tablets of Ibuprophen 100 mg per tablet by mouth once per day when he has a headache. You give him the two tablets at 2 in the afternoon and by 3 pm he says that he is feeling better. Document what you did.**

EXERCISE #1 CONT'D

PHARMACY LABEL #1

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 10/15/2005
RX 433 33 747 Chip Flowers 238 Dogwood Drive Anytown, PA 16006	Date filled: 5/5/2007 123-123-2367
Take 1 tablet by mouth two times a day for reflux.	
Prevacid 30 mg QRS Drugs, Inc. Burns, Howard MD 1/3/2010	QTY: 60 Refills: 2 Drug expiration:

PHARMACY LABEL #2

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 8/9/2006
RX 433 33 890 Chip Flowers 238 Dogwood Drive Anytown, PA 16006	Date filled: 4/25/2007 123-123-2367
Take 1 tablet by mouth once a day in the morning for arthritis.	
Methotrexate 1 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 30 Refills: 2 Drug expiration:1/2/2009

ADDITIONAL DOCUMENTATION PRACTICE EXERCISES CONT'D

EXERCISE #1 CONT'D

PHARMACY LABEL #3

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 5/1/2007
RX 433 33 043 Chip Flowers 238 Dogwood Drive Anytown, PA 16006	Date filled: 5/2/2007 123-123-2367
Take 1 tablet by mouth three times a day for 7 days for strep throat.	
Amoxicillin 250 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 21 Refills: 0 Drug expiration:2/9/2007

ADDITIONAL DOCUMENTATION PRACTICE EXERCISES CONT'D

EXERCISE #2

1. Complete the basic information on the blank MAR for Melissa. Then enter the first medication from the pharmacy label #1 above on the MAR for March 2007. Use your agency times for administration.
2. Melissa has developed premature menopause over the last 6 months. She also has osteoporosis because of her seizure medication and her non-weight bearing status. She is put on Alendronate 5 mg to take once a day as described on pharmacy label #2. Enter the new medication onto the MAR provided. Document giving Melissa a dose of Alendronate on March 3, 2007.
3. She refused to take her Alendronate on March 20th. Document that refusal on the MAR.
4. Melissa went to the emergency room for vomiting blood on March 25, 2007.
    a. She received her dose of D-CAL vitamin after she returned at noon. Document the missed dose and then enter the late dose of her vitamin on the MAR. She did not receive her Alendronate for that day. Also document that missed dose.
    b. The reason that she was vomiting blood is that she has esophageal irritation because of the Alendronate. The Alendronate is discontinued and she is started on Raloxifene hydrochloride. Enter the changes on the MAR. When discontinuing and starting the old and new medications, use the date filled for the prescription for Raloxifene. Document the first dose of Raloxifene given.
5. Melissa went to visit her mom overnight for March 28th. Document her absence for all of her medications for March 29th in the am.

PHARMACY LABEL #1

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 8/4/2006
RX 433 34 748 Melissa Sullivan 234 Main Street Anytown, PA 16006	Date filled: 3/5/2007 123-234-2345
Take 1 tablet by mouth one time a day for calcium and vitamin D supplementation for osteoporosis.	
D-CAL Vitamin QRS Drugs, Inc. Burns, Howard MD	QTY: 30 Refills: 2 Drug expiration: 1/3/2010

EXERCISE #2 CONT'D

PHARMACY LABEL #2

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 3/2/2007
RX 433 34 840 Melissa Sullivan 234 Main Street Anytown, PA 16006	Date filled: 3/2/2007 123-234-2345
Take 1 tablet by mouth once a day in the morning one half hour before eating with 8 ounces of water for osteoporosis. Keep upright for 30 minutes after taking.	
Alendronate 5 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 30 Refills: 2 Drug expiration:1/2/2009

PHARMACY LABEL #3

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 3/25/2007
RX 433 35 746 Melissa Sullivan 234 Main Street Anytown, PA 16006	Date filled: 3/26/2007 123-234-2345
Take 1 tablet by mouth one time a day for osteoporosis.	
Raloxifene hydrochloride 60 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 30 Refills: 2 Drug expiration:2/9/2010

EXERCISE #3:

1. Complete the basic information on the blank MAR for Freddy. Assume for this exercise that the Freddy is not self-medicating. Then enter the first two medications from pharmacy labels #1 and 2 above on the MAR for January 2007. Use your agency times for administration.
2. Document giving Freddy a dose of imipramine on January 7, 2007
3. On January 9th a new person is working with Freddy and gives him his imipramine in the morning instead of at night. The person discovers this before signing the MAR. You call the doctor and he tells you to hold the evening dose and begin giving it again in the evening on the next day. You also report this as a medication error with incorrect time. Document that the dose was given in the morning and will not be given in the evening. [Hint: treat this entry like a late administration.]
4. Freddy has increased cholesterol and is started on atorvastatin. Enter this medication on the MAR using the information on prescription #3.
5. Document a typical administration for atorvastatin for January 28th, 2007.
6. Freddy has been complaining of muscle pains and has developed an increase in his muscle enzymes. He went to see his PCP at 10 o'clock in the morning of January 29th who notes that this is likely due to his atorvastatin and discontinues that medication on that day. Document the morning administration of Atorvastatin for January 29th and then discontinue this medication.

PHARMACY LABEL #1

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 1/5/2007
RX 433 35 647 Frederick Smith 238 Dogwood Drive Anytown, PA 16006	Date filled: 1/5/2007 123-123-2367
Take 1 capsule by mouth one time per day at bedtime for 3 days for depression.	
Imipramine 75 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 3 Refills: 0 Drug expiration: 1/3/2010

EXERCISE #3 CONT'D

PHARMACY LABEL #2

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 1/5/2007
RX 433 35 890 Frederick Smith 238 Dogwood Drive Anytown, PA 16006	Date filled: 1/5/2007 123-123-2367
Take 1 capsule by mouth one time per day at bedtime beginning on January 8, 2007 for depression.	
Imipramine 100 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 27 Refills: 2 Drug expiration:1/2/2009

PHARMACY LABEL #3

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 123-123-4568	DEA #: 5999995 RPH: STV Original script date: 1/10/2007
RX 433 35 043 Frederick Smith 238 Dogwood Drive Anytown, PA 16006	Date filled: 1/12/2007 123-123-2367
Take 1 tablet by mouth once a day for high cholesterol.	
Atorvastatin calcium 10 mg QRS Drugs, Inc. Burns, Howard MD	QTY: 30 Refills: 2 Drug expiration:2/9/2007