2020

# Transcribing Rules & Tips:

• Using blue or black ink only:

Line1 = Medication name & Strength only Lines 2 & 3= Dose, Route, Frequency

- AM medications on top 2 rows
- PM medications on bottom rows
  - No Medical Abbreviations except for PRN Write so other's can read your MAR No white out! Correct any errors with a
  - o single line though the error, writing "error"
  - and your initials

Celexa 10mg Colace 100mg

If medication is missed or refused or LOA (leave of absence), it must be starred and explained on back of the MAR

Medication	Time	1	2	3	4	5	6	7	8	9
Zoloft 100mg 2 tablets twice daily	8am	мп	MR	MR	*	TN	RS	КР	TN	
by mouth	8рт	SR	*	RS	RS	TL	TL	SR	жр	
			7							

\*

Failure to document is a medication error!

Only sign your initials when you know your client has taken their medication in the hour medication administration window

# Transcription Practice Problems (Answers on next slides)

- 1. Keppra 500mg, Take 2 tabs P.O., BID Start the 3<sup>rd</sup> of month.
- 2. Trazodone 50mg, Take 1 tab P.O. in the morning & take 100mg (2 tabs) at H.S. (Ordered the 4<sup>th</sup>)
- 3. Discontinue Keppra above after 14 days.

# Transcription Practice Problems

- 4. Amoxicillin 200mg, Take 2 tabs P.O. TID for 5 days
- 5. Tylenol 500mg, take 1 tab P.O. PRN for fever
- 6. Zyprexa 15mg, take 1 tab P.O. for 3 days, then take 2 tabs after that. (Ordered the 3rd)
- 7. Celexa 20mg. Take 1 tab P.O. for 5 days, then give 2 tabs after that. Start the 3<sup>rd</sup> of month.

1. Keppra 500mg, take 2 tabs P.O., BID Start the 3rd of month.

Medications:	Allergi	es:																														
	<u>Time</u>	I	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Keppra 500mg. Take 2 tablets	8																															
Take 2 tablets	am																															
by mouth twice daily (1000mg)																																
(1000mg)	8																															
	pm																															

# Ex

## Explanation

The problem shows the "start date" as the 3rd, so an arrow is place days 1 through 2, to show there should not be any medication passed on these days).

This is ordered to take 2 tablets *twice* daily (BID), so we need to give the time column *two* times a day, both with arrows for the start date. We can use the same row for this order because the dose or strength did not change.

2. Trazodone 50mg, Take 1 tab P.O. in the morning & take 2 tabs at H.S. (Ordered the 4th)

Medications:	Allergi	es:																														
Trazodone 50mg	<u>Time</u>	I	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Take 1 tablet	8																															$\vdash$
by mouth in	am																															
the morning																																
(50mg)																																
																																Ш
Trazodone 50mg.																																
Take 2 tablets by mouth at																																
bedtime																																
(100mg)	8 pm				•																											

1

Explanation

Anytime the strength or dose changes in an order, you will need 2 separate rows for each dose in the order

The tablet doses are different for the 8am dose and 8 pm dose, so we need two separate rows.

3. Discontinue Keppra after 14 days

Medications:	Allergi	ies:																														$\Box$
	<u>Time</u>	I	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	_																			۸ن۵			-: -								+	4
Keppra 500mg.	8		$\Box$	MD	MD	MD	MD	MD N	1D	MD I	MD	MD I	MD I	MD I	MD I	1D I	1D		L	VIS(	Cd	rı		U	<del>)</del>							
Reppid Joonig.	am																														$\Box$	
Take 2 tablets																																
by mouth																															4	4
twice daily																																
-																				_												-
(1000mg)	8			MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	MD	WE	MD	,MD			Dì	SC	Οľ	1ti	nι	Jе							
	pm																															



An arrow indicates the date that the discontinue order should be 14 days after the order begins (this makes the discontinued order for the 17<sup>th</sup> of the month).

Write "discontinue" and yellow out the entire transcription, except for the initials of the med passers.

# 4. Amoxicillin 200mg, 2 tabs P.O. TID for 5 days

Medications:	Allergi	es:																														
Amoxicillin 200ma	<u>Time</u>	I	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Amoxicillin 200mg. Take 2 tablets by mouth three times	8 am						<b>—</b>																									
a day for 5 days (400mg)	I2 pm						<b>+</b>																									
(400mg)																																
	8 pm						<b>+</b>																									

# Explanation

An arrow indicates the medication is no longer given after 5 days, it must be reflected on all 3 times it is ordered.

If there is no "start date" indicated, then it will always be on the 1st of the month.

# 5. Tylenol 500mg, 1 tab P.O. PRN for fever

Medications:	Allergi	es:																														
	<u>Time</u>	I	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 500mg Take 1 tablet	Р																															
Take 1 tablet by mouth PRN for fever	R																															
for fever	N																															

# Explanation

Do not assign a time for a PRN in the Time column. Simply write in PRN instead.

Always write on the MAR the reason the PRN is prescribed. As shown above, this was prescribed for fever.

6. Zyprexa 15mg, 1 tab P.O. in the a.m. for 3 days, then take 2 tabs after that. (Ordered the 3rd)

																																Щ,
Medications:	Allergi	es:																														
Zyprexa 15mg.	Time	I	2	3	4	5	6	7	8	9	10	П	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Take 1 tablet	8																															
by mouth for 3	am						$\Psi$																									
days in the																																
morning (15mg)																																
(13ing)																																
Zyprexa 15mg.	8																															
Take 2 tablets	am																															
by mouth in																																
the morning																																
(30mg)																																



Anytime the strength or dose changes in an order, you will need 2 separate rows for each order, (the tablets increased from 1 tab to 2 tabs after 3 days).

The increase to 2 tablets doesn't occur until the 1 tablet order is complete (moving the start date for the 2 tablets to start the 6<sup>th</sup>).

7. Celexa 20mg. Take 1 tab P.O. for 5 days in morning, then take 2 tabs after that. Start the 3rd of month.

Medications:	Allergi	ies:																														
	Time	I	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
Celexa 20mg.	8																															
Take I tablet by	am								_																							
mouth for 5																																
days in the																																
morning (20mg)																																
Celexa 20mg.	8 am																															
Take 2 tablets by																																
mouth in the morning (40mg)																																

Explanation (also on next slide)

Anytime the strength or dose changes in an order, you will need 2 separate rows for each order, as shown above (the tablets changed from 1 tablet to 2 tablets)

Celexa 20mg. Take 1 tab P.O. for 5 days in morning, then give 2 tabs after that. Start the 3rd of month.

Continued Explanation for the Celexa problem:

In our Celexa problem, the order states a specific "start date", make sure you indicate this with an arrow on the MAR.

The problem shows the "start date" as the 3rd, so an arrow is place days 1 through 2, to show there was no medication passed on these days).

Since 1 tablet is only given for 5 days, an arrow is placed after giving tab for 5 days, to discontinue that order. Write "discontinue" on the arrow and yellow out everything but the med passers initials.

Next, we are giving 2 tablets after the first 5 days they received 1 tablet already. We reflect that in our MAR with arrows on day 1 through day 7, as shown in the slide.

MONTH	& YEAR								_ (	CLII	ENT	ΓNA	ME	:								D	.0.1	в							···········		
LOCATIO	ON:						_																ID	#					·····			·····	
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														······································	***************************************										······································								
Medica	ations:	Allerg	jies:												***************************************		the section of the section of									*****							
		<u>Time</u>	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
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Checked by: \_\_\_\_\_ Date Checked: \_\_\_\_\_

INIT.	NURSE'S SIGNATURE						
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# **NURSE'S NOTES**

DATE	HOUR	INIT.	REASON	RESULT	HOUR	INIT
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