

NARCOTIC AND HYPNOTIC RECORD

Name (Last, First, MI) _____ Facility _____ Rm No. _____ Bed _____
 Drug Name & Dose _____ Rx No. _____ Prescribing Physician: _____
 Directions for Administration _____ Administration Route: PO IM SQ IV Rectal Sublingual
 Date Received _____ Quantity Received _____ Received by _____ Transdermal/Patch Other _____

AMT	DATE	TIME	INITIALS	AMT	DATE	TIME	INITIALS	AMT	DATE	TIME	INITIALS	AMT	DATE	TIME	INITIALS
120				90				60				30			
119				89				59				29			
118				88				58				28			
117				87				57				27			
116				86				56				26			
115				85				55				25			
114				84				54				24			
113				83				53				23			
112				82				52				22			
111				81				51				21			
110				80				50				20			
109				79				49				19			
108				78				48				18			
107				77				47				17			
106				76				46				16			
105				75				45				15			
104				74				44				14			
103				73				43				13			
102				72				42				12			
101				71				41				11			
100				70				40				10			
99				69				39				9			
98				68				38				8			
97				67				37				7			
96				66				36				6			
95				65				35				5			
94				64				34				4			
93				63				33				3			
92				62				32				2			
91				61				31				1			

INITIALS	NAME/TITLE	INITIALS	NAME/TITLE	INITIALS	NAME/TITLE	INITIALS	NAME/TITLE

Date Discontinued _____ Amount Remaining _____ Returned to Pharmacy _____ Date _____
 Sent with patient at discharge Patient/Responsible Party Signature _____ Date _____
 Incinerated Mixed with coffee grounds Other: _____
 Nurse Signature/Title _____ Date _____ Witness Signature/Title _____ Date _____