

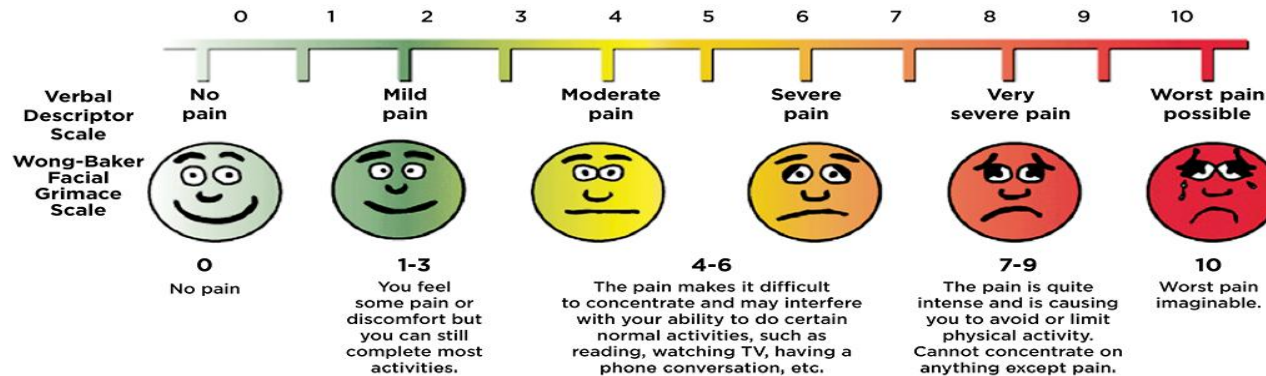
## Nananom Assisted Living

### Opioid Medication Record

Resident's name: \_\_\_\_\_

Month: \_\_\_\_\_

Date started	Medication & instructions		Date started	Medication & instructions		Date started	Medication & instructions	
Date given	Time	Medication Dose & route	Reason given	Pain scale number	Time check	Result of check		Caregiver initials and notes
Caregiver name(s)		Initial	Caregiver name(s)		Initial	Caregiver name(s)		Initial



**Nananom Assisted Living**  
**Prescription Drug Monitoring Programs (PDMP's)**

Medical practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Resident's name: \_\_\_\_\_ Admission date: \_\_\_\_\_

Type of Opioid medications taken:	Dosage per pain scale and Route:	Total amount of prescribed medication per day.	Assess of possible misuse or abuse:	Discuss possible recommendations:

Resident representative: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/PCP: \_\_\_\_\_ Date: \_\_\_\_\_