

CONTROLLED SUBSTANCE ADMINISTRATION RECORD – DOWNTIME DOCUMENT

Drug Name/Strength/Form: _____

Patient Name		Patient ID	Usage Form Number (example: yyddmm-A)
Patient Room		Quantity Issued	Date Issued
Delivered by (Pharmacy)		Received by (Nursing)	

***Make photocopy after signatures are received by both pharmacy and nursing. Copy kept in pharmacy.
Original kept by nursing until below documentation complete, order discontinued, or patient
discharged/transferred. ***

Dose	Date	Time	Amount		Signature of Person Administering	Signature of Witness to Waste	Comments
			Given	Wasted			

WHEN COMPLETE OR PATIENT DISCHARGED/TRANSFERRED, FILL OUT BELOW AND RETURN TO PHARMACY

Date Returned	Quantity Returned
Returned by (Nursing)	Received by (Pharmacy)