Subject: _____
Case#: _____

RECORD COMPARISON WORKSHEET

Patient:_____
Hosp ID#: _____

DOSE WITHDRAWAL INFORMATION								DOSE ADMINSTRATION INFORMATION	
Itm#	CDAR#*	Date	Time	Drug	Str	Qty	MD order? (Y/N) As? (DFU**)	In MAR? (Y/N) As? (Time)	Comments (too early, not subj's pt, excess dose, no waste, waste not witnessed, waste not necessary, subj. not on duty, pt dc'd, pt in coma, pt denies med, no c/o pain, pulled from other unit)

* Controlled Drug Administration Record (date/serial# of 24hr sheet, "shingle" sheet, or Pyxis printout)
** Directions for Use