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ALBUQUERQUE PUBLIC SCHOOLS #E7599

Nursing Services Medication Administration Billing
Medicaid School-Based Services

Student Name:_______________________________________DOB:_______________School (Place of Service) :_______________________________________

Student/Medicaid Number:____________________ ICD-9 Code(s):______________________________Physician/APRN/PA:_______________________________________

Medication Order: Medication Name/Dose:____Route:________________Administration:_______________________________

RN/LPN Review (Signature, Credential/Title):______________________________________Print Name__________________________Date:___________________

Date	Start Time	Start Time	Exception Code	Total # Doses	Reaction	Initial
			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	
			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	
			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	
			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	
			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	
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			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	
			☐ Out of med. ☐ Absent ☐ Refused ☐ Field trip ☐ Other (see back)		☐ Adverse (see notes) ☐ Appropriate	

Initials________=Signature and Credentials:____________________________Date:_____________Initials________=Signature and Credentials:________________________Date:____

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Medication Administration Procedure Code
T1502 = Medication Administration by Registered Nurse or Licensed Practical Nurse
1 Medication Administration = 1 Dose

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Additional Documentation/Date/Signature: