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Shift to Shift Count Sheet

Optional

2-25

Controlled Medications are to be checked by two staff (One must be MAC or MAS Nurse) at the beginning and end of every shift change. If there are any discrepancies, they are to be reported to the MAS Nurse immediately.

Persons Name:		Medication Name & dosage:		DOB: / /
Date:	**Time:**	**Amount:**	**Signature:**	**Signature:**

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Shift to Shift Count Sheet

Optional

2-25

Date:	**Time:**	**Amount:**	**Signature:**	**Signature:**