**HOSPICE COMFORT KIT MEDICATION TRACKING SHEET FOR THE BEDSIDE**

**(\*This form DOES NOT replace the MAR)**

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| **Morphine Sulfate**  **solution** | | | **Atropine drops** | | | **Lorazepam tabs** | | | **Haloperidol tabs**  **or solution** | | | **Prochlorperazine**  **suppository** | | | **Bisacodyl**  **suppository** | | |
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**Resident Name and DOB**