**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**