

CCDES Narcotic Control Log

UNIT #: _____

MONTH: _____

DATE	TIME	Medication	LOT #	EXP DATE	BEGINNING QUANTITY	+ / -	REASON	ENDING QUANTITY	PRINT NAME / SIGNATURE
		Morphine			mg			mg	
					mg			mg	
		Versed			mg			mg	
					mg			mg	
		Morphine			mg			mg	
					mg			mg	
		Versed			mg			mg	
					mg			mg	
		Morphine			mg			mg	
					mg			mg	
		Versed			mg			mg	
					mg			mg	
		Morphine			mg			mg	
					mg			mg	
		Versed			mg			mg	
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		Morphine			mg			mg	
					mg			mg	
		Versed			mg			mg	
					mg			mg	
		Morphine			mg			mg	
					mg			mg	
		Versed			mg			mg	
					mg			mg	