

**WEST VIRGINIA I/DD WAIVER  
LPN MEDICATION ADMINISTRATION PROGRESS NOTE**

<b>Name of Person Who Receives Services:</b>		<b>Provider Agency:</b>	
<b>Month/Year of Service:</b>		<b>Total Time for this Page:</b>	

\*LPN travel time for any purpose is not considered a covered service.

Date	Service Code	Start Time	Stop Time	Total Time	Meds Admin without Incident	Meds Admin with Incident*	Meds Not Admin *	Signature/Credentials
	<b>T1003U4</b>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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\*Note/Activity Summary is required if meds are administered with incident  
or meds are not administered as planned.

Date	Service Code	Start Time	Stop Time	*Detailed Progress Note Nurse must sign and include credentials at the end of each entry
	<b>T1003U4</b>			

☐ Continued on next page.

**Total Time for this Page:**

Nurse must sign and include credentials at the end of each entry