**University of New Mexico**

**Physician Assistant Program**

**Pharmaceutical Therapeutics Log**

**For**

**Clinical Rotations**

Student Name:

Name of Rotation:

Preceptor Name:

Dates of Rotation:

**Notes on Individual Drugs**

Drug Name:

Generic Name (if applicable):

Drug Category:

Mechanism of action:

Indications for use:

Contraindications:

Side effects:

Adverse reactions:

Follow-up and monitoring of pharmacologic regimens:

Risks for drug interactions:

Clinical presentation of drug interactions:

Treatment of drug interactions:

Drug toxicity:

Methods to reduce medication errors:

Cross reactivity of similar medications:

Recognition and treatment of allergic reactions: