MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTION ON REVERSE SIDE

CHARTING FOR MONTH:			Page of
Primary Care Physician:			Telephone No.
Specialist(s):			Telephone No.
Allergies: Adverse Drug Reactions:		Pharmacy:	Telephone No.
Diagnosis:			
Medicaid Number	Medicare Number	Complete entries checked By: Title: Date:	
Patient:		Location:	

INSTRUCTIONS: a. Put initial in appropriate box when medication given
b. Circle initials when medication refused
c. State reason for refusal on nurse's notes.
d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

CHARTING CODES:
A-Charted in error
B-Patient refused
C-Patient out of facility
D-Drug not given. Indicate reason in Nurse's Medication Notes.
E-See Nurse's Notes
F-Patient did not retain medication

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DATE
Temperature/ Pulse																																Temperature/ Pulse
Blood Pressure																																Blood Pressures

NURSE'S MEDICATION NOTES

PATCH SITE/ INFECTION SITE CODES:
1-RIGHT DORSAL GLUTEUS
2-LEFT DORSAL GLUTEUS
3-RIGHT VENTRAL GLUETEUS
4-LEFT VENTRAL GLUTEUS
5-RIGHT LATERAL THIGH
6-LEFT LATERAL THIGH
7-RIGHT DELTOID
8-LEFT DELTOID
9-RIGHT UPPER ARM
10-LEFT UPPER ARM
11-RIGHT ANTERIOR THIG
12-LEFT ANTERIO THIGH
13-UPPER BACK LEFT
14-UPPER BACK RIGHT
15-UPPER CHEST LEFT
16-UPPER CHEST RIGHT

Date/Hour	Medication/Dosage	Reason	Results/Response	Hour/Initials