MEDICATION RECORD

Instructions: For each medication, initial appropriate box when administered. Record H (held) or R (refused) as appropriate then document reason on next page. All initials must be identified with a signature on the next page. Use injection site codes from the next page for insulin injections, etc. MEDICATION ORDER (DOSE, FREQUENCY, SITE, ROUTE) TIME 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 TIME OF ORDER Rx No. TIME OF ORDER Diagnosis Rx No. DATE OF ORDER Rx No. DATE OF ORDER Rx No. DATE OF ORDER TIME OF ORDER Diagnosis Rx No. Diagnosis Rx No. DATE OF ORDER Diagnosis Rx No. Allergies Month Year NAME-Last Attending Physician Record No. Room/Bed First Middle

MEDICATION NOTES

ALL INITIALS MUST BE IDENTIFIED WITH A SIGNATURE

Instructions: Record reason for holding or resident's refusal of ordered medication. Record PRN medication given, injection site (if applicable), reason and record result (E, I or A). Injection sites and result codes are shown below. Use the TIME NOTED column to document when results were obtained.

SCHEDULED MEDICATION NOTES							RN MEDICATION NOTES			
DATE	REASON HELD OR REFUSED	DATE	TIME GIVEN	MEDICATION & D	OSAGE	INJECT SITE	REASON GIVEN	RESULTS	TIME NOTED	INIT
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		INJECT	TION S	SITE CODES				PRN RESULT CODE	S	
LB - Left Bi RB - Right I				LT - Left Thigh RT- Right Thigh				ive I - Ineffective se reaction – Record ac	tion take	n
INITIALS S	SIGNATURE/TITLE DATE INITIA	ALS SIGN	ATURE/	- [INITIALS	S	IGNATURE/TITLE DATE INITIALS	SIGNATURE/TITLE	DA	ΙΤΕ
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NAME-Last	First		M	1iddle Att	tending Physi	ician	Record	No. Room/B	ed	