

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.

DATE OF ORDER	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
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Allergies

Month

Year

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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ALL INITIALS MUST BE IDENTIFIED WITH A SIGNATURE

SCHEDULED MEDICATION NOTES

PRN MEDICATION NOTES

INJECTION SITE CODES

E - Effective **I** - Ineffective
A - Adverse reaction – Record action taken

NAME—Last	First	Middle	Attending Physician	Record No.	Room/Bed
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