HANDOUT E-2

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

Charting for the month of:	through	
Physician:	Telephone #	Medical Record #:
Alt. Physician:	Alt. Physician Telephone #:	
Allergies:	Rehabilitation Potential:	
Diagnosis:	Admission Date:	
Resident's Name:	Room and bed #:	

Instructions:
A. Put initials in appropriate box when medication given.
B. Circle initials when medication refused.
C. State reason for refusal on Nurse's Notes.
D. PRN medication: Reason given should be noted on Nurse's Notes.
E. Indicate injection site(code).

Result Codes:
1. Effective
2. Ineffective
3. Slightly Effective
4. No Effect Observed

Injection/Patch Site Codes:
1-Right dorsal gluteus
2-Left dorsal gluteus
3-Right upper chest
4-Left upper chest
5-Right lateral thigh
6-Left lateral thigh
7-Right deltoid
8-Left deltoid
9-Right upper arm
10-Left upper arm
11-Upper back left
12-Upper back right

NURSE'S MEDICATION NOTES

	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
Temperature																															
Respiration																															
Pulse																															
Blood Pressure																															

Initials	Nurse's Signature	Initials	Nurse's Signature

Charting Codes: **A**. chart error **B**. drug unavailable **C**. resident refused **D**. drug held **E**. dose contaminated **F**. out of facility **G**. see notes **H**. drug holiday

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