

MEDICATION ADMINISTRATION RECORD ACTIVITY ANSWERS

Charting for the month of: 09/04/13 through 09/30/13		
Physician: Dr. Bruton	Telephone # 919-555-1212	Medical Record #:
Alt. Physician:	Alt. Physician Telephone #:	
Allergies: CODEINE		Rehabilitation Potential:
Diagnosis: SEIZURE DISORDER, HTN, IDDM, ASTHMA, CHF		Admission Date:
Resident's Name: Garrett Clayton	Date of Birth: 10/17/50	Room / bed #: BW999

- 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).

1. Effective
2. Ineffective
3. Slightly Effective
4. No Effect Observed

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

NURSE'S MEDICATION NOTES

[illegible]