

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									
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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 #:																							

- Put initials in appropriate box when medication given.
- Circle initials when medication refused.
- State reason for refusal on Nurse's Notes.
- PRN medication: Reason given should be noted on Nurse's Notes.
- 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]