

MEDICATION ADMINISTRATION RECORD

Medication Dosage	D/C Date	Hour	MO	YR																															
					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
DIAGNOSIS																																			
ALLERGIES:					DIET:																														
PHYSICIAN:					Delegating RN:																														
NAME					SEX:					BIRTHDATE:										PAGE:															

PRN ORDERS

DATE	HOUR	INITIALS	MEDICATION	REASON	RESULTS	#	INITIALS	STAFF NAME	JOB TITLE
						1			
						2			
						3			
						4			
						5			
						6			
						7			
						8			
						9			
						10			
						11			
						12			
						13			
						14			
						15			
						16			
						17			
						18			
						19			
						20			
MEDICATION OMISSION - MEDICATION CHANGES									
DATE	HOUR	INITIALS	MEDICATION	REASON	ACTION TAKEN	#	INITIALS	NURSE REVIEW	DATE REVIEWED
						1			
						2			
						3			
						4			
						5			
						6			
						7			
						8			
						9			
						10			
						11			