

<SAMPLE> One day medication administration record

Name: _____

Me Rec #: _____ Date of Birth: _____ Age: _____

Visit #: _____ Service Date: _____ Service Time: _____ ROOM #: _____ PAGE _____ OF _____

ALLERGIES:				TRANSCRIBED BY:				VERIFIED BY:			
FOOD / OTHER:				ADR'S:							
START INITIALS	STOP	RX# Last Edit	Medication	DOSE	ROUTE FREQUENCY	SCHEDULE			DATE/TIME ADMIN INITIALS		
						1	2	3			

LEGEND – DOSES NOT ADMINISTERED
 LATE DOSES
 A = Patient for Diagnostic Study
 B = Pt at Tx / Test
 C = Late Pharmacy Delivery

OMISSIONS - PRESCRIBER NOTIFIED
 D = Refused
 E = NPO
 F = Pulse < 60
 G = Increased B/P
 H = Decrease B/P
 I = Lethargic
 J = Low Blood Glucose
 K = Abnormal Labs

L = Non Formulary M.D Called
 M = Not Delivered
 N = Other – See below
 Oral * = DO NOT CRUSH

Shift 1 = 2300 - 0659
 Shift 2 = 0700 = 1459
 Shift 3 = 1500 – 2259