

MEDICATIONS		HOUR	ORDERS	
		HOUR		
		HOUR		
		HOUR		
		HOUR		
		HOUR		
		HOUR		
		HOUR		

SAMPLE



Medication Review		Date		Physician's Signature		Date			
Nurse's Signature		Date		Physician's Signature		Date			
CHARTING FOR		THROUGH							
Physician				Telephone Number					
Alt. Physician				Alt. Telephone Number					
Allergies									
Diagnosis									
Medical Record #		Admission Date		Pharmacist's Signature		Title			
Patient			Gender	Date of Birth		Patient Code	Room #	Bed	Facility Code

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SAMPLE

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Alt. Physician				Alt. Telephone Number					
Allergies									
Diagnosis									
Medical Record #		Admission Date		Pharmacist's Signature		Title			
Patient			Gender	Date of Birth		Patient Code	Room #	Bed	Facility Code

MEDICATIONS

HOUR

PHYSICIAN'S ORDER / MEDICATION RECORD

	HOUR	PHYSICIAN'S ORDER / MEDICATION RECORD																																		
		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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SAMPLE

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CHARTING FOR				THROUGH				
Physician				Telephone Number				
Alt. Physician				Alt. Telephone Number				
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Diagnosis								
Medical Record #		Admission Date		Pharmacist's Signature		Title		
Patient		Gender	Date of Birth		Patient Code	Room #	Bed	Facility Code

INSTRUCTIONS:

- a. Put initial in appropriate box when medication or treatment is given.
- b. Circle initials when medication or treatment is refused.
- c. State reason for refusal on nurse's notes.
- d. PRN medications or treatment: Reason given and results should be noted on Nurse's Notes.

PATCH SITE / INJECTION SITE CODES

- | | | | |
|---------------------------|------------------------|---------------------------|--|
| 1 - Right Dorsal Gluteus | 6 - Left Lateral Thigh | 11 - Right Anterior Thigh | 16 - Upper Chest Right |
| 2 - Left Dorsal Gluteus | 7 - Right Deltoid | 12 - Left Anterior Thigh | 17 - To Right and Above Umbilicus |
| 3 - Right Ventral Gluteus | 8 - Left Deltoid | 13 - Upper Back Left | 18 - To Left and Above Level of Umbilicus |
| 4 - Left Ventral Gluteus | 9 - Right Upper Arm | 14 - Upper Back Right | 19 - To Right and Below Level of Umbilicus |
| 5 - Right Lateral Thigh | 10 - Left Upper Arm | 15 - Upper Chest Left | 20 - To Left and Below Level of Umbilicus |

CHARTING CODES:

- | | | | | |
|----------------------|--|---------------------------------------|-----------------|----------------------|
| A - Charted in error | C - Patient out of facility | E - See Nurse's Medication Notes. | G - Effective | I - Hospital |
| B - Patient refused | D - Drug not given. Indicate reason in Nurse's Medication Notes. | F - Patient did not retain medication | H - Ineffective | J - Leave of absence |

INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE

DATE	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	DATE		
TEMPERATURE/ PULSE																																		TEMPERATURE/ PULSE
BLOOD PRESSURE																																		BLOOD PRESSURE

NURSE'S MEDICATION NOTES

DATE	TIME GIVEN	MEDICATION & DOSAGE	CODE	REASON	NURSE'S INITIAL	RESULTS OR RESPONSE	TIME NOTED	NURSE'S GIVEN