Date of Last Order

Medication Administration Record

Month/Year:

Medication	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

Initial medications and identify below with signature (Signature: First initial, last name, position title.)

Initials	Signature	Initials	Signature	Initials	Signature	Initials	Signature	Initials	Record checked by:
									Date/Initial:
									At Risk:
									Page of

Name: _____ Allergies: _____ Wt: _____ DOB: _____

Intramuscular Injection Site Code:		Subcutaneous Injection Site Code:	
1) left gluteus (dorsogluteus) 2) Left vastus lateralis (quadriceps) 3) left rectus femoris (quadriceps) 4) left deltoid 5) left ventrogluteal	6) right gluteus (dorsogluteus) 7) right vastus lateralis (quadriceps) 8) right rectus femoris (quadriceps) 4) right deltoid 5) right ventrogluteal	A) left abdomen B) back C) left arm D) left leg	E) right abdomen F) right arm G) right leg

Date	Time Given	Medication & Dosage	Reason	Initials	Results or Response	Time Noted	Initials