# SAMPLE COMPLETED MEDICATION ADMINISTRATION RECORD

•Put initials in appropriate box when med. Given. •Circle initials when med. refused •Record reason refused. •PRN Meds. Record reason given.

DC=discontinued, O=not given — Medication Administration Record R=Refused, V=Vomited

| Medication | Schedule | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *Multivitamin tab 1 tab po every morning 12/5/00* | *800A* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| *Digoxin 0.125Mg 1 tab po every morning Hold if AP less than 60 or over 110 12/5/00* | *800A* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| ~~*Furesemide 20 mg 1 tab po every morning DC 1/11/00*~~ | *800A* | | | | | | | | | | | | | | | | | | | | | | D/C 1/20/05 | | | | | | | | | |
| *Carbamazepine 200 mg 1 tab po every 12 hours 12/5/00* | *800A* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| | *800P* | | | | | | | | | | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | | | | | | | | | |
| *Captopril 12.5 mg 1 tab po 3 times daily 12/5/00* | *800A* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| | *1200N* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| | *400P* | | | | | | | | | | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | | | | | | | | | |
| *Carafate 1 gm 1 tab po before meals and at bedtime 12/5/00* | *700A* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| | *1100A* | | | | | | | | | | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | JB | | | | | | | | | |
| | *400P* | | | | | | | | | | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | | | | | | | | | |
| | *800P* | | | | | | | | | | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | Sn | | | | | | | | | |
| *Acetaminophen 325mg 2 tabs po every 4 hrs prn for pain 12/5/00* | *prn* | | | | | | | | | | JB | JB | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | JB | | Sn | | | | | | | | | | | | | | | | | | | |
| *Lorazepam 0.5Mg 1 tab po at bedtime prn for sleep 12/5/00* | *prn* | | | | | | | | | | Sn | Sn | Sn | | | | | | | | | JB | JB | | | | | | | | | |
| *Furosemide 40 mg 1 tab po every morning 1/11/00* | *800A* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Blood Pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Charting for *01/01/00* Through *01/31/00*

| | | | |
|---|---|---|---|
| Physician *WATSON* | Patient Code | Reviewed by Supervising Nurse | **M.A.R.** |
| Phone No. *123-4567* | | | |

| DIET *REGULAR, NO ADDED SALT* | Weight | Date of Birth | Sex | Injection Site Numbers | |
|---|---|---|---|---|---|
| | *120 lbs* | *1/10/00* | *F* | 1. | Buttocks (gluteus) Left |
| Allergies *NKA* | Med Record No. | Admission Date | | 2. | Buttocks (gluteus) Right |
| | 678 | *1/10/05* | | 3. | Arm (deltoid) Left |
| Diagnosis *CHF/SEIZURE DISORDER/GASTRIC ULCER* | Habilitative/Rehabilitative Potential | | | 4. | Arm (deltoid) Right |
| | *FAIR* | | | 5. | Thigh (quadriceps) Left |

| Patient | Medicaid Number | Medicare Number | Room No. | Bed | | |
|---|---|---|---|---|---|---|
| *Long, Edna* | | | *1* | *A* | 6. | Thigh (quadriceps) Right |
| | | | | | 7. | Abdomen |