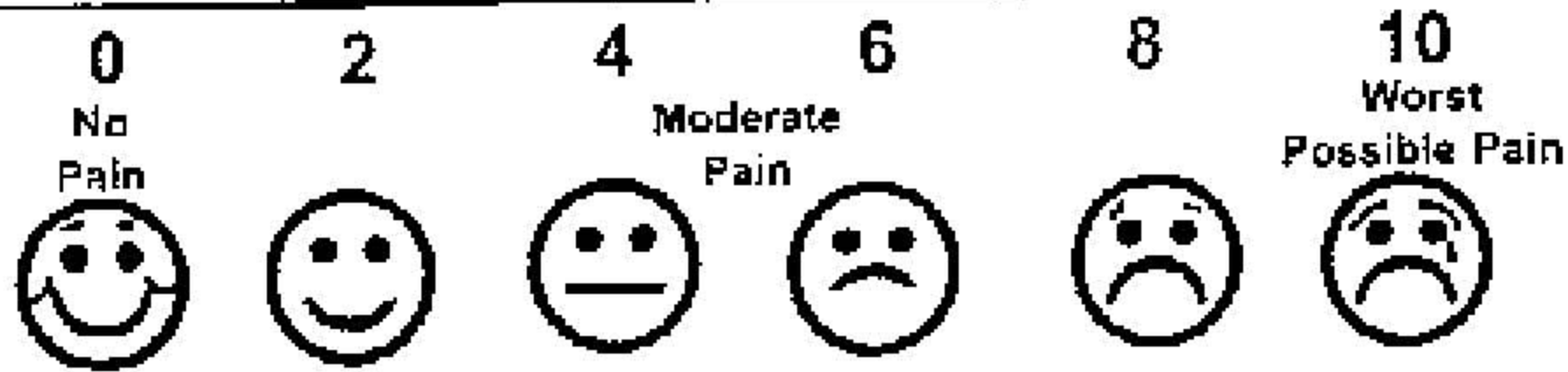


Medication Verification

Effective Date: / / @ - / / @

Init.



Note: 0 - 10 scale for pain medications only

\*=VIE Note

Injection Site Codes

Anterior Thigh	Gluteal
B = Right C = Left	D = Right E = Left
Deltoid Area	Ventral An
F = Right G = Left	H = Right I = Left
Abdomen Right	Abdomen
J = Upper K = Lower	L = Upper M = Lower

Comment Code  
N = NPO  
Q = Pt. In Procedure  
R = Refused  
T = Other (see Nurse Note)

Outcome Codes  
(non-pain medications)  
EF = Effective  
NE = Not effective

Allergies

Initials/Signatures

ADDRESSOGRAPH

Effective Date: \_\_\_/\_\_\_/\_\_\_ @ \_\_\_ - \_\_\_/\_\_\_/\_\_\_ @ \_\_\_

Shift	Shift	Shift	Injection Site Code	
0701-1500	1501-2300	2301-0700	Anterior Thigh B = Right C = Left	Gluteal / D = Right E = Left
			Deltoid Area F = Right G = Left	Ventral / H = Right I = Left
			Abdomen Right J = Upper K = Lower	Abdomen L = Upper M = Lower
			<b>Comment Code</b> N = NPO Q = Pt. In Procedure R = Refused S = Med Not Available T = Other (see Nurse N	
			<b>Comments</b>  	
			<b>Allergies</b>  	
			<b>Initials/Signatures</b>	
			S H I F T 1	
			S H I F T 2	
			S H I F T	

**Medication Administration Record**

University Hospital,

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