Year: 20 _____

MEDICATION ADMINISTRATION RECORD

UNIVERSITY MEDICAL CENTER

2

RECOPIED BY:
NAME:_____
DATE: _____
PAGE _____OF_____

PRN MEDICATIONS

OR DATE / INITIALS	STOP DATE	MEDICATION - DOSAGE - FREQUENCY RT. OF ADM.	PRN MEDICATIONS - DOSES GIVEN																
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CODE

O = Omitted / = Outdated
Cut = Discontinued
1 = Upper Outer Quadrant R Buttock
2 = Upper Outer Quadrant L Buttock
3 = Rt. Deltoid
4 = Lt. Deltoid
5 = Rt. Mid Anterior Thigh
6 = Lt. Mid Anterior Thigh
7 = Rt. Lateral Thigh
8 = Lt. Lateral Thigh
9 = Rt. Ventrogluteal Area
10 = Lt. Ventrogluteal Area
11 = Abdomen
12 = Rt. Anterior Lateral Abdomen
13 = Lt. Anterior Lateral Abdomen
14 = Rt. Posterior Lateral Abdomen
15 = Lt. Posterior Lateral Abdomen
16 = Rt. Upper Outer Arm
17 = Lt. Upper Outer Arm

FULL SIGNATURE	TITLE	INITIAL

PATIENT NAME

ROOM #

DIAGNOSIS	ALLERGIC TO