Year: 20 _____

MEDICATION ADMINISTRATION RECORD 1

UNIVERSITY MEDICAL CENTER

PAGE ____OF____
RECOPIED BY: DATE: _____
NAME _____

SCHEDULED MEDICATIONS

OR DATE INITIALS	EXP. DATE TIME	MEDICATION - DOSAGE - FREQUENCY RT. OF ADM.	HR.							

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O = Omitted / = Outdated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

SINGLE ORDERS - PRE-OPERATIVES STAT-MEDS

OR DATE INITIALS	MEDICATION - DOSAGE - ROUTE	DATE	ADM. TIME	TIME GIVEN	SITE	NURSE INITIAL

FULL SIGNATURE	TITLE	INITIAL

FULL SIGNATURE	TITLE	INITIAL

PATIENT NAME _____ ROOM# _____

DIAGNOSIS	ALLERGIC TO