Your Hospital's Logo Here

T.A.R. VERIFIED BY: _____

Month Year

MEDICATION ADMINISTRATION RECORDS

	START	STOP	Military TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

RESPONSE	MEDS NOT GIVEN	INJECTION SITES:		SIGNATURE / TITLE	INITIALS	SIGNATURE / TITLE	INITIALS
A. Relief in 30 Min	P. Patient Asleep	I. Right Deltoid Area	VI. Left Abdomen				
B. Relief in 60 Min	Q. Off of Unit	II. Left Deltoid Area	VII. Right Thigh				
C. No Relief	R. Refused	III. Right Gluteal Area	VIII. Left Thigh				
	S. NPO / Studies	IV. Left Gluteal Area	IX. Right Ventrogluteal				
	T. NPO / Surgery	V. Right Abdomen	X. Left Ventrogluteal				

DOCUMENTATION FOR PRN MEDICATIONS / MEDICATIONS NOT ADMINISTERED

DATE	Milit. TIME	DRUG / STRENGTH / ROUTE	REASON	EFFECTIVE	NURSE INITIAL	DATE	Milit. TIME	DRUG / STRENGTH / ROUTE	REASON	EFFECTIVE	NURSE INITIAL

NURSE INITIAL	NURSE'S SIGNATURE / TITLE

NURSE INITIAL	NURSE'S SIGNATURE / TITLE

NURSE INITIAL	NURSE'S SIGNATURE / TITLE