

RECOPIED BY: _____

DATE: _____

MILITARY
TIME:

RN SIGNATURE / TITLE: _____

Page _____ of _____
**ALL ENTRIES MUST
BE PRINTED IN
INK**

Your Hospital's Logo Here
YOUR HOSPITAL
City, State

ALLERGIES

PATIENT IDENTIFICATION

**MEDICATION ADMINISTRATION
RECORD**

INITIAL ORDER DATE	RENEWAL DATE	MEDICATION, DOSE, FREQUENCY, ROUTE	MILITARY TIME	←----- DATES GIVEN -----→															

Main grid area for medication administration records, consisting of a large table with multiple rows and columns for medication, dose, frequency, route, military time, and dates given.

SINGLE ORDER / PRE-OPS

DIABETIC MEDICATION ADMINISTRATION RECORD

INITIAL		MEDICATIONS		GIVEN	
ORDER DATE	DOSE RT OF ADMIN	SITE	Date	Milit. Time	INIT'L

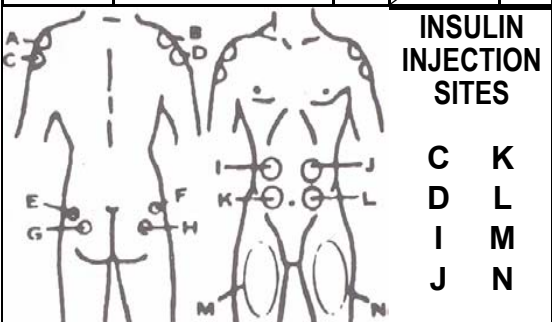
PRN MEDICATION | DOSAGE | FREQUENCY ROUTE OF ADMINISTRATION

EFF = Effectiveness Code Y = YES
N = NO **

DOSES GIVEN

** If "NO", document interventions in NURSE'S NOTES.

INITIAL	REGULAR INSULIN SLIDING SCALE	DATE																				
Date Ord.	0 - 50 = ____ amp D50 IVP Call MD immediately	Military TIME																				
Exp. Date		BS																				
	51 - 100 = ____ Units Regular Insulin	UNITS																				
		SITE																				
	101 - 150 = ____ Units Regular Insulin	INIT'L																				
		Military TIME																				
	151 - 200 = ____ Units Regular Insulin	BS																				
		UNITS																				
	201 - 250 = ____ Units Regular Insulin	SITE																				
		INIT'L																				
	251 - 300 = ____ Units Regular Insulin	Military TIME																				
		BS																				
	301 - 350 = ____ Units Regular Insulin	UNITS																				
		SITE																				
	351 - 400 = ____ Units Regular Insulin	INIT'L																				
		Military TIME																				
	> 400 = Call MD Immediately	BS																				
		UNITS																				
		SITE																				
		INIT'L																				
		Military TIME																				
		SITE																				
		EFF																				
		INIT'L																				



INSULIN INJECTION SITES
C K
D L
I M
J N

INITIAL	REGULAR INSULIN SLIDING SCALE	DATE																				
Date Ord.		Military TIME																				
Exp. Date		SITE																				
		EFF																				
		INIT'L																				
		Military TIME																				
		SITE																				
		EFF																				
		INIT'L																				

PART OF THE MEDICAL RECORD

DATE	TIME	MEDICATION	REASON FOR OMISSION	INIT'L	SIGNATURE RECORD		
					INIT'L	SIGNATURE	TITLE (Print)