

PUMP / GRAVITY / BOLUS

MEDICATION ADMINISTRATION RECORDS

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Check the tube for residuals before starting feeding. If residual >100ml's, hold feeding.																																			
Recheck in 1 hour. If residual is still >100ml's, notify MD for direction.																																			
Flush tube w/ 30ml's of H ₂ O before + after each medication administration.																																			
Add _____ scoops of Promod per day. This provides _____ gms protein & _____ ml free water, for a daily feeding total of _____ cal, _____ gms protein and _____ ml free water.																																			

RESPONSE	MEDS NOT GIVEN	INJECTION SITES:		SIGNATURE / TITLE	INIT'LS	SIGNATURE / TITLE	INIT'LS
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				

