RECOPIED BY: ____________________ **DATE:** __________ MILITARY **TIME:** __________ **RN SIGNATURE / TITLE:** ____________________

Page ______ **of** ______

ALL ENTRIES MUST BE PRINTED IN INK

Your Hospital's Logo Here

Your Hospital
Washington, DC

MEDICATION ADMINISTRATION RECORD

ALLERGIES

PATIENT IDENTIFICATION

				DATES									
INITIAL / ORDER DATE	RENEWAL DATE	**MEDICATION, DOSE, FREQUENCY, ROUTE**	MILITARY TIME										

BLOOD GLUCOSE MONITORING

DATE	TIME	LEVEL	INIT'L

INSULIN ADMINISTRATION RECORD

INITIAL ORDER	RENEWAL DATE	MEDICATION, DOSE, FREQUENCY ROUTE							
			DATE						
			TIME						
			SITE						
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ANALGESIC PAIN MANAGEMENT ASSESSMENT

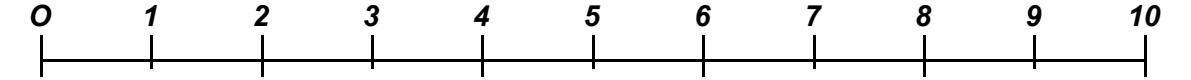
DATE	TIME	PAIN LOCATION	SEDATION RATING	PAIN SCALE	PAIN RATING	INTERVENTION	COMFORT GOAL	INIT'LS	REASSESSMENT PAIN RATING	TIME	INIT'LS

ROOM #:	PATIENT Last Name:	PATIENT First Name:	Middle	DIAGNOSIS:	PHYSICIAN:

PAIN SCALES:

WONG-BAKER: *(Faces)*

0-10 VISUAL: *(Numeric)*



VERBAL:

No Hurt | Hurts Little Bit | Hurts Little More | Hurts Even More | Hurts Whole Lot | Worst Pain

NON-COGNITIVE:

FLACC SCALE: *(Non-Cognitive)*

1. Sum of FACE, LEGS, ACTIVITY, CRY & CONSOLABILITY Scores = FLACC
2. Record FLACC Score using the 0-10 VISUAL (NUMERIC) Scale above

_____ = FACE Score
0 = No particular expression or smile
1 = Occasional grimace or frown, withdrawn, disinterested
2 = Frequent to constant frown, clenched jaw, quivering chin

_____ = LEGS Score
0 = Normal position, or relaxed
1 = Uneasy, restless, tense
2 = Kicking, or legs drawn up

_____ = ACTIVITY Score
0 = Lying quietly, normal position, moves easily
1 = Squirming, shifting back & forth, tense
2 = Arched, rigid, or jerking

_____ = CRY Score
0 = No crying (asleep or awake)
1 = Moans or whimpers, occasional complaint
2 = Crying steadily, screams or sobs, frequent complaints

_____ = CONSOLABILITY Score
0 = Content, relaxed
1 = Reassured by touching/hugging/talking to, distractable
2 = Difficult to console or comfort

SEDATION SCALE:

S = NORMAL SLEEP, EASY TO AROUSE, ORIENTED WHEN AWAKENED, APPROPRIATE COGNITIVE BEHAVIOR
1 = WIDE AWAKE - ALERT (OR AT BASELINE), ORIENTED, INITIATES CONVERSATION
2 = DROWSY, EASY TO AROUSE, BUT ORIENTED AND DEMONSTRATES APPROPRIATE COGNITIVE BEHAVIOR WHEN AWAKE
3 = DROWSY, SOMEWHAT DIFFICULT TO AROUSE, BUT ORIENTED WHEN AWAKE
4 = DIFFICULT TO AROUSE, CONFUSED, NOT ORIENTED
5 = UNAROUSABLE

INTERVENTION:

1 = Discuss Pain Management Plan with MD
2 = Pharmacological (See MED KARDEX)
3 = Non-Pharmacological
A. Position Changed
B. Relaxation Technique
C. Splinting **F.** Education
D. Imagery **G.** Other: _____
E. Music _____

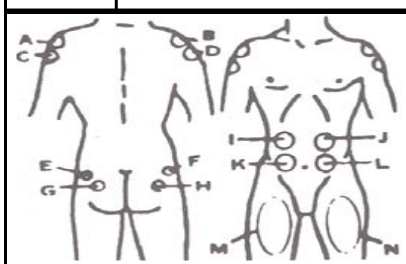
DATE	TIME	MEDICATION	REASON FOR OMISSION	INIT'L

SIGNATURE RECORD

INIT'L	SIGNATURE	TITLE

SINGLE ORDER / PRE-OPS

INITIAL	MEDICATIONS	GIVEN		
ORDER DATE	DOSE and ROUTE OF ADMINISTRATION	SITE	Date / Milit. Time	INIT'L



EFFECTIVENESS:

Y = YES N = NO

** If "NO", document interventions on Nurse's Notes

PRN / ANALGESIC PAIN MEDICATION ADMINISTRATION RECORD

INITIAL	MEDICATION | DOSAGE | FREQUENCY ROUTE OF ADMINISTRATION													
		DATE												
Date Ord. / Exp. Date		TIME												
		SITE												
		EFF												
		INIT'L												
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