

Medication Administration Record

County Hospital

VERIFIED BY: _____

Medications	Dose / Route Schedule			

Date is original or last renewal date	Diagnosis

Date	Medication	Dosage	Route	Time & Initials	Allergies

Time	Special Notes	Injection Site	Patient Data
		LG Left Gluteus Medius	
		RG Right Gluteus Medius	
		LV Left Vetrogluteal	
		RV Right Vetrogluteal	
		LVL Left Vastus Lateralis	
		RVL Right Vastus Lateralis	
		LD Left Deltoid Muscle	
		RD Right Deltoid Muscle	

Signature	Initials