

# Medication Administration Record

Month / Yr:  
January / 2010



Supervising Nurse: Nurse, Happy

Client: **Patten, Thomas**

**Scheduled Medications** For any unusual circumstances, circle your initials and write a comment on the back noting date, time and medication(s).

Time	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
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**Med1** 1 tab PO Daily **Desc/For:** CHF **Instructions:** Have resident lay down after giving. **Effects/Side-Effects** Do not give med prior to activities.

7:00a																																
12:00pm																																

**Med2** 1 tab PO Q MWF **Desc/For:** Arthritis **Instructions:** OK to crush and give with in apple sauce. **Effects/Side-Effects** See materials provided by pharmacy.

7:00a		X	X		X		X		X	X		X		X	X		X		X	X		X		X		X		X	X		X	X
12:00pm		X	X		X		X		X	X		X		X	X		X		X	X		X		X		X		X	X		X	X

**Med3** 1 tab PO Q 10th 20th 30th of month **Desc/For:** Red Round Tablet **Instructions:** This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions. **Effects/Side-Effects** See materials provided by pharmacy.

7:00a	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
12:00pm	X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**Med4** 1 tab PO QD q every other day **Instructions:** See materials provided by pharmacy. **Effects/Side-Effects** See materials provided by pharmacy.

7:00a		X		X		X		X		X		X		X		X		X		X		X		X		X		X		X	
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Med & Instructions:


The above and back side documents "each instance of medication administration or assistance with self-administration of medications, any significant changes in client status, or a refusal to take medications and any actions by staff in response to the change or incident."

**Allergies:** Penicilin;  
**Pharmacy:** Walgreens Ph: (555) 555-5555 Fax: (666) 666-6666  
**Comments:**

**Diagnosis:** Dementia  
**Diet:** Regular