MEDICATION ADMIN RECORD
DMHSA FORM

MEDICATION ADMINISTRATION RECORD

Enter Here IN PENCIL Number of Forms in Use

NAME

CASE NO.

ROOM NO.

DIAGNOSES

ALLERGIC TO
(Record in Red)

DIET

OR DATE / INITIALS	EXP. DATE / TIME	MEDICATION - DOSAGE - FREQUENCY - RT OF ADM	HR	DATES GIVEN												

Single Orders + Pre-Operatives

ENTER HERE IN PENCIL NO. OF FORMS IN USE

OR DATE / INITIALS	MEDICATION - DOSAGE - RT. ADM.	TO BE GIVEN DATE	TO BE GIVEN TIME	NURSE INITIAL	OR DATE / INITIALS	MEDICATION - DOSAGE - RT. ADM.	TO BE GIVEN DATE	TO BE GIVEN TIME	NURSE INITIAL

AGE _____ RELIGION _____ DOCTOR _____ DATE / TIME ADMITTED _____

NAME

Initials	Full Signature	Title	Initials	Full Signature	Title
Initials	Full Signature	Title	Initials	Full Signature	Title

PRN Medications

OR DATE INITIALS	EXP. DATE TIME	MEDICATION - DOSAGE - FREQUENCY RT. OF ADM.	DOSES GIVEN																		
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