

Detach and Discard This Portion

PRN Medication	Order Date																					*Result:				A ADVERSE REACTION (DESCRIBE NURSE'S NOTES)											
		Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	E	I	N	21	22	23	24	25	26	27	28	29	30	31	
		Initial																																			
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SAMPLE

INIT.	FULL SIGNATURE AND TITLE	INIT.	FULL SIGNATURE AND TITLE	INIT.	FULL SIGNATURE AND TITLE	INIT.	FULL SIGNATURE AND TITLE

Instructions INITIAL APPROPRIATE BOX WHEN MEDICATION GIVEN. STATE REASON FOR REFUSAL OF MEDICATION. CIRCLE INITIALS WHEN MEDICATION REFUSED. STATE REASON AND RESULT FOR PRN MEDICATIONS. INDICATE INJECTION ROUTE.

Rev. 12/05
 Form #2-1101
 Reorder From: MED-PASS 800-438-8884
 BH 021004R
 RNA PHARMACY SYSTEMS



Indicate Site With Appropriate Number:

- 1. Right Dorsal Gluteus
- 2. Left Dorsal Gluteus
- 3. Right Ventral Gluteus
- 4. Left Ventral Gluteus
- 5. Right Lateral Thigh
- 6. Left Lateral Thigh
- 7. Right Deltoid
- 8. Left Deltoid
- 9. Right Upper Arm
- 10. Left Upper Arm
- 11. Right Anterior Thigh
- 12. Left Anterior Thigh
- 13. Upper Back Left
- 14. Upper Back Right
- 15. Upper Chest Left
- 16. Upper Chest Right
- 17. To Right and Above Umbilicus
- 18. To Left and Above Level of Umbilicus
- 19. To Right and Below Level of Umbilicus
- 20. To Left and Below Level of Umbilicus

Routine Medication	Order Date	Freq.	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
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SAMPLE

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DOCTOR

RESIDENT'S NAME

- ◀ DIET
- ◀ ALLERGIES
- ◀ DIAGNOSIS
- ◀ FACILITY
- * PHARMACY SUGGESTION

Reorder From: MED-PASS 800-438-8884

BH021004R

SETUP (16.5 CPI & 6 LPI)

Nurse's Medication Notes

See Section 2 for Verifying Signatures.

Instructions:

- A. SUGGEST REFUSED / WITHHELD MEDICATION EXPLAINED IN NURSE'S MEDICATION NOTES.
- B. WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN IN NURSE'S MEDICATION NOTES.

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Date	Time	Initial	Drug-Strength-Dose	Site Non Oral	Reason	Result	Observ. Init.	Date	Time	Initial	Drug-Strength-Dose	Site Non Oral	Reason	Result	Observ. Init.
<h1>SAMPLE</h1>															

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