

RECORD OF ADMINISTRATION OR ORAL MEDICATION

RECORD OF MEDICATION FOR SPECIFIED SITUATIONS

Name: _____

Designates: _____ Alternate: _____

Drug: _____ Format: _____ Dosage: _____

Initiation Date: _____ Expiry Date: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered?

What was done following administration?:

DESIGNATE: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered?

What was done following administration?:

DESIGNATE: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered? _____

What was done following administration?:

DESIGNATE: _____

Administration #: _____ Date: _____

- a) Time: _____
- b) Why was this drug administered? _____

What was done following administration?:

DESIGNATE: _____