Medication Administration Record

MONTH _____ YEAR _____

NAME _____ DATE OF BIRTH _____

ALLERGIES _____ DOCTOR AND PHONE _____

PHARMACY AND PHONE _____ DIAGNOSIS OR REASON _____

MEDICINE, DOSE, ROUTE	TIME	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

INITIALS AND SIGNATURES

INITIALS	FULL NAME AND SIGNATURE

CODES AND NOTES

Missed, refused or held doses

R = refused H = held N = not given (write why below)

A record of doses given. It does not replace instructions from the prescriber or pharmacist.