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KING OF PRUSSIA PHARMACY & MEDICAL SUPPLY

ROUTINE MEDICATION RECORD

	HOUR																															
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CHARTING FOR THROUGH FACILITY

DIAG-NOSIS		ALLERGIES	

INMATE	NAME	INMATE NO.	STA	ROOM	BED	PHYSICIAN		DATE	PAGE NO.

1/2"

1/2"

"FORMS SPECIALISTS" MEDICAL, PHARMACY, NURSING HOME, DME, HOME HEALTH CARE, I.V. THERAPY, COMPUTER FORMS & SUPPLIES

INSTRUCTIONS:

A. WHEN A MEDICATION IS GIVEN, NURSE SHOULD INITIAL THE HOUR/DATE SQUARE.
B. WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN IN NURSE'S MEDICATION NOTES.

INDICATE SITE WITH APPROPRIATE NUMBER.

1. Buttocks (Gluteus) Left	3. Arm (Deltoid) Left	5. Thigh (Quadriceps) Left	7. Abdomen Left	9. Upper Back Left	11. Upper Chest Left
2. Buttocks (Gluteus) Right	4. Arm (Deltoid) Right	6. Thigh (Quadriceps) Right	8. Abdomen Right	10. Upper Back Right	12. Upper Chest Right

NURSE'S MEDICATION NOTES

DATE	TIME	INITIAL	DRUG – STRENGTH – DOSE	SITE (IF OTHER THAN ORAL)	REASON	RESULT

INIT.	SIGNATURE / TITLE	INIT.	SIGNATURE / TITLE	INIT.	SIGNATURE / TITLE	INIT.	SIGNATURE / TITLE