Medication Administration Record

List Allergies/Common Side Effects/Precautions:

Med/MH Alerts

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| Month/Year: | - | | | | | | | | | | | | | | | | | | | | \dashv | | | a | 7 | | | | 0 | | • | • |
| Physician: | | | | | | | | | | | | | | | | | | | | | | | | 90 | | | | | | | | |
| Medication/TX | 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 |
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| Side Effects Monitoring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Side Effects Monitoring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Side Effects Monitoring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Youth Name | | | | | Signature Nurse/Staff | | | | | | | Initials Print Name | | | | | | | Signature Nurse/Staff | | | | | Init | Initials | | | Print Name | | | | |
| DJJID#DOB | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility | | | . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnosis/Medical Grade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |