Medication Administration Record

Resident:	Physician:										
Date	Hour	Medication	Ĭ		Reaso	n	Resu	ılt	Hour		
						-					
	17										
-	77										
-											
A. Write initials in appropriate box at the time medication is given. B. Circle initials when medication is refused.					Initia	als		Signature			
				1				. O			
B. Circle initials when medication is refused.				2							
C. State reason for refusal in the narrative.				3							

	Instructions	Initials		ls	Signature
A.	Write initials in appropriate box at the time medication is given.	1			
В.	Circle initials when medication is refused.	2			
C.	State reason for refusal in the narrative.	3			
D.	State reasons PRN is given, and the	4			
	results.	5			
E.	Date and initial all changes.	1	1		