PHYSICIAN'S ORDERS

MEDICATIONS	HOUR	ORDERS

MEDS REVIEWED BY: Date

PHYSICIAN'S SIGNATURE Date

CHARTING FOR THROUGH

Physician | Telephone No. | Medical Record No.

Alt. Physician | Alt. Telephone

Allergies | Rehabilitative Potential

Diagnosis

Medicaid Number | Medicare Number | Complete Entries Checked By: Title: Date:

PATIENT | PATIENT CODE | ROOM NO. | BED | FACILITY CODE

MEDICATION RECORD

MEDICATIONS	HOUR	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
MEDICATIONS	HOUR	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

NURSE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE

CHARTING FOR THROUGH

Physician	Telephone No.	Medical Record No.
Alt. Physician	Alt. Telephone	
Allergies	Rehabilitative Potential	
Diagnosis		
Medicaid Number / Medicare Number	Complete Entries Checked: By: Title: Date:	

PATIENT	PATIENT CODE	ROOM NO.	BED	FACILITY CODE

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INSTRUCTIONS:
a. Put initial in appropriate box when medication given.
b. Circle initials when medication refused.
c. State reason for refusal or nurse's notes.
d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes.

CHARTING CODES:
A - Charted in error
B - Patient refused
C - Patient out of facility
D - Drug not given: indicate reason in Nurse's Medication Notes
E - See Nurse's Medication Notes
F - Patient did not retain medication
G - Effective
H - Ineffective
I - Hospital
J - Leave of absence

DATE	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	DATE
Temperature/ Pulse																																Temperature/ Pulse
Blood Pressure																																Blood Pressure

NURSE'S MEDICATION NOTES

PATCH SITE/ INJECTION SITE CODES:
1- RIGHT DORSAL GLUTEUS
2- LEFT DORSAL GLUTEUS
3- RIGHT VENTRAL GLUTEUS
4- LEFT VENTRAL GLUTEUS
5- RIGHT LATERAL THIGH
6- LEFT LATERAL THIGH
7- RIGHT DELTOID
8- LEFT DELTOID
9- RIGHT UPPER ARM
10- LEFT UPPER ARM
11- RIGHT ANTERIOR THIGH
12- LEFT ANTERIOR THIGH
13- UPPER BACK LEFT
14- UPPER BACK RIGHT
15- UPPER CHEST LEFT
16- UPPER CHEST RIGHT
17- TO RIGHT AND ABOVE UMBILICUS
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

Date / Hour	Medication / Dosage	Reason	Results / Response	Hour / Initials

Hour / Initials | Results / Response | Reason | Medication / Dosage | Date / Hour

DATE 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 DATE
Temperature/ Pulse
Blood Pressure

NURSE'S MEDICATION NOTES
PATCH SITE/ INJECTION SITE CODES:
1- RIGHT DORSAL GLUTEUS
2- LEFT DORSAL GLUTEUS
3- RIGHT VENTRAL GLUTEUS
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10- LEFT UPPER ARM
11- RIGHT ANTERIOR THIGH
12- LEFT ANTERIOR THIGH
13- UPPER BACK LEFT
14- UPPER BACK RIGHT
15- UPPER CHEST LEFT
16- UPPER CHEST RIGHT
17- TO RIGHT AND ABOVE UMBILICUS
18- TO LEFT AND ABOVE LEVEL OF UMBILICUS
19- TO RIGHT AND BELOW LEVEL OF UMBILICUS
20- TO LEFT AND BELOW LEVEL OF UMBILICUS

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CHARTING CODES: A - Charted in error. B - Patient refused. C - Patient out of facility. D - Drug not given: indicate reason in Nurse's Medication Notes. E - See Nurse's Medication Notes. F - Patient did not retain medication. G - Effective. H - Ineffective. I - Hospital. J - Leave of absence.