MEDICATION ADMINISTRATION RECORD

NAME OF RESIDENT _____   **Month/Year:** _____

INSTRUCTIONS: Use one block for each medication. In **MEDICATION** column, include drug product name, strength of drug, date prescribed, dosage, route, how often medication is to be taken, any special instructions, and name of prescribing physician.

The staff person administering the medication must initial the appropriate block to show the date and time the medication was given. In the **ADDITIONAL INFORMATION** space at the bottom of the sheet, note if a medication is discontinued or changed, any medication errors or omissions (include reason), any significant adverse effects, and the date(s) of these occurrences. The staff person making the note should initial it. On the back of the form, include the names, signatures and initials of all staff administering medication to the resident.

MEDICATION	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

ADDITIONAL INFORMATION:

032-05-0526-03-eng (02/18)

Name _____   **Signature** _____   **Initials** _____

Name _____   **Signature** _____   **Initials** _____

Name _____   **Signature** _____   **Initials** _____

Name _____   **Signature** _____   **Initials** _____

Name _____   **Signature** _____   **Initials** _____

Name _____   **Signature** _____   **Initials** _____