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| Start  Month and Year **MEDICATION ADMINISTRATION RECORD** Allergies  Stop | Brand  Generic  Strength  Amount  Dose  Route  Frequency | **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** |
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|  | | Special Instructions: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start  Stop | Brand  Generic  Strength  Amount  Dose  Route  Frequency | **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** |
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|  | | **CODES** | | | | | | | | | **Init** | | **Signature** | | | | | | | | | | **Init** | | **Signature** | | | | | | | | | | |
| Name: | | DP-day program, day hab | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
|  | | LOA-leave of absence | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
|  | | P-packaged | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
| HCP: | | W-work | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
| Program address: | | H-hospital, nursing home, rehab center | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
| S-school | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
| OSA – Off Site Administration | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
| NSS – No Second Staff Available | | | | | | | | |  | |  | | | | | | | | | |  | |  | | | | | | | | | | |
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