



INPATIENT MEDICATION ADMINISTRATION RECORD

DRUG ALLERGIES AND SENSITIVITIES

FULL NAME: _____
 HOSPITAL NUMBER: _____
 DATE OF BIRTH: _____
 ADDRESS: _____

DATE CHART STARTED: _____ CHART NO. __ of __

WEIGHT (kg): _____ HEIGHT (cm): _____

PRESCRIPTIONS FOR ONCE ONLY (STAT) MEDICATIONS

DATE	MEDICINE	DOSE	ROUTE	TIME	SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY
					Bleep				
					Bleep				
					Bleep				

PRESCRIPTIONS FOR AS REQUIRED (PRN) MEDICATIONS

AS REQUIRED (PRN) MEDICATIONS				DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY
DATE	MEDICINE	PHARMACY																					
		SUPPLY																					
DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE IN 24 HOURS																				
SIGNATURE		INDICATION																					

PRESCRIPTIONS FOR REGULAR MEDICATIONS

REGULAR MEDICATIONS				TIME (MODIFY IF REQUIRED)	DATE																	
DATE	MEDICINE	PHARMACY		0800																		
		SUPPLY		1200																		
DOSE	ROUTE	SPECIAL INSTRUCTIONS		1800																		
				2200																		
SIGNATURE		INDICATION																				

NON-MEDICATION ADMINISTRATIONS CODES

X. Prescriber request 2. Patient unavailable 3. Patient unable to receive or no access 4. Patient refused 5. Medication not available 6. See notes