Medication Administration Record

Patient:______________________ Physician: ________________ Year :________

Allergies: ____________________ Admission Date: ___________ ID # __________

Standing Orders	Times	Date						
	↓	/	/	/	/	/	/	/

PRN Medications – Write the date, time given and initials inside the box for each dosage given.

Name ______________________ Signature ________________ Initials: ________

Name ______________________ Signature ________________ Initials: ________

Name ______________________ Signature ________________ Initials: ________

Name ______________________ Signature ________________ Initials: ________

HOSA HOSPITAL
Nurses' Notes

Date	Time	Notes

Physicians' Orders

Patient:_____ Physician: _____ Year :_____

Allergies: _____ Admission Date: _____ ID # _____

Diagnosis: _____

Date	Time	Orders

Graphic Chart

Last Name	First Name	Attending Physician	Room Number / Hospital Number

Date																								
Day in Facility																								
Day PO or PP																								
		AM			PM			AM			PM			AM			PM			AM			PM		
Temperature	Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12
	104																								
	103																								
	102																								
	101																								
	100																								
	99																								
	Normal 98																								
	97																								
	96																								
Pulse	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
Respiration	50																								
	40																								
	30																								
	20																								
	10																								
Blood Pressure																								
Fluid Intake																								
Urine																								
Weight																								