ROUTINE MEDICATIONS

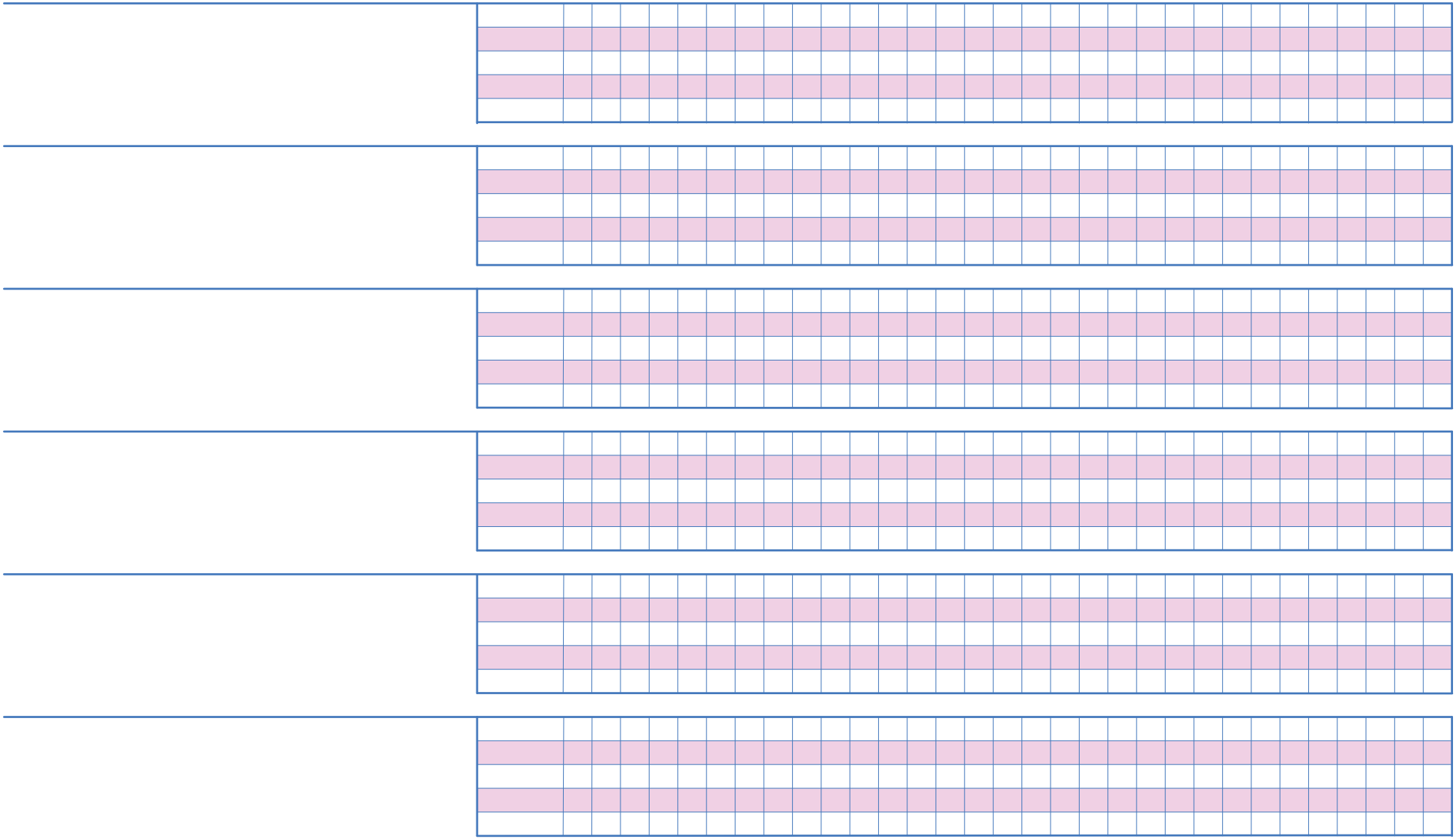
See Reverse Side for Verifying Signatures

Key for Omission Recording:
S - Self Medication L - LOA N - NPO
R - Refused* O - Other* H - Held*
(*Refer to Facility Policy.)
PRN EFFECTIVENESS
E - Effective
N - Nurse Notes

INJECTION SITE
1. Thigh Left (Quadricep)
2. Thigh Right (Quadricep)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen RUQ
6. Abdomen RLQ
7. Abdomen LUQ
8. Abdomen LLQ
9. Buttocks (Gluteus) Left
10. Buttocks (Gluteus) Right

PATCH SITE
11. Chest Left
12. Chest Right
13. Back Left
14. Back Right
15. Arm Left
16. Arm Right
17. Ear, behind Left
18. Ear, behind Right

(End)



Diagnosis:

Allergies:

Diet:

Patient Name	Wing	Room	Sex	DOB	Attending Nurse	Primary Physician Name	Period