

MEDICATION RECORD

Medications

Form Specifications	
Form #34120:	MAR, Etreby (Laser)
QTY/CS:	650
SIZE:	8-1/2 x 11
# of Parts:	1
Description:	32# Ledger

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
	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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Front

Initial	Signature	Initial	Signature	Initial	Signature	Initial	Signature

Physician/Alt. Physician	Phone No.							Pharmacy
Resident	Station/Room/Bed	Admission Number/Date	Sex	Date of Birth	Allergies/Notes	Current Month/Year	Page No.	

Manufactured By: Bx Systems, Inc. • ST. CHARLES, MO • PH. 1-800-922-9142 ITEM #34120

INSTRUCTIONS:

- A - Suggest refused/withheld medication explained in Nurse's Medication Notes
- B - When PRN medications are given, explain in Nurse's Medication Notes

Indicate Site With Appropriate Number:

- | | | | |
|------------------------------|------------------------------|---------------------|------------------------|
| 1 - Buttocks (Gluteus) Left | 4 - Arm (Deltoid) Right | 7 - Abdomen Left | 10 - Upper Back Right |
| 2 - Buttocks (Gluteus) Right | 5 - Thigh (Quadriceps) Left | 8 - Abdomen Right | 11 - Upper Chest Left |
| 3 - Arm (Deltoid) Left | 6 - Thigh (Quadriceps) Right | 9 - Upper Back Left | 12 - Upper Chest Right |

Nurse's Medication Notes

See panel one for verifying signatures

Date	Time	Initials	Drug - Strength - Dose	Site Non-Oral	Reason	Result	Observer Initials	Date	Time	Initials	Drug - Strength - Dose	Site Non-Oral	Reason	Result	Observer Initials
<div style="border: 2px solid black; border-radius: 15px; background-color: #92d050; padding: 10px; display: inline-block;"> <h2 style="margin: 0;">Back</h2> </div>															

Vital Signs		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		
Temperature																																		
Pulse																																		
Respiration																																		
Blood Pressure																																		
Blood Pressure																																		
Weight																																		
INTAKE / OUTPUT	1st Shift	INTAKE																																
		OUTPUT																																
	2nd Shift	INTAKE																																
		OUTPUT																																
	3rd Shift	INTAKE																																
		OUTPUT																																
TOTAL	IN																																	
	OUT																																	