A. Initial appropriate box when medication is given B. Circle initials if medication is refused C. Note reason for refusal D. PRN Medications: Reason given and results must be noted E. Indicate site of injection with appropriate number at right	1.BUTTOCKS (Gluteus) left 2. BUTTOCKS (Gluteus) right 3. ARM (Deltoid) left 4. ARM (Deltoid) right	5. THIGH (Quadriceps) left 6. THIGH (Quadriceps) right 7.ABDOMEN (left) 8. ABDOMEN (right)

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																															
Weight																															

PRN. STAT AND MEDICATIONS NOT ADMINISTERED						Initials	**Nurse's Signature**
Date	Hour	Initial	Medication	Reason	Result		

MEDICATION RECORD

MEDICATION	TIME																													