

## MEDICATION ADMINISTRATION RECORD

Month: \_\_\_\_\_ Year: \_\_\_\_\_

	HR	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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**MEDICATION ADMINISTRATION RECORD**  
**PRN, STAT AND MEDICATIONS NOT ADMINISTERED**

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				
RAb	Right Abd				
LAB	Left Abd				
RT	Right Thigh				
LT	Left Thigh				

Initial	Signature/Title

Name: Jane Smith

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