MEDICATION ADMINISTRATION RECORD

D. O.B: 8/22/1994

Month/Year: May 2021 Name: John Patient

| Allergies: Codeine | | | | | | | | | | |
|---|----------|----------|--------------------------|--|---------------------------------------|--|----------|----------|---|-----|
| Enter time medication is given and initials. Circle time and initials if medication is not given. | | | | | | | | | | |
| Medication Name, Dosage, Route, Frequency, Special Instructions, Physician | Start | End | Time | May 1 | May 2 | May 3 | May 4 | May 5 | May 6 | May |
| Name: Keppra 100mg/mL Dosage: 5 mL Route: by mouth Frequency: twice daily Physician: Dr. Smith | 5/1/2021 | N/A | 9:00 am 9:00 pm | | | | | | | |
| Name: Nasacort Allergy 24 H Spray Dosage: 1 spray in each nostril Route: Nasal inhalation Frequency: once daily Physician: parent direction | 5/1/2021 | N/A | 9:00 am | | | | | | | |
| Name: Hydrocortisone 1% cream Dosage: small amount Route: topically to eczema on arm Frequency: twice daily Physician: Dr. Tappel | 5/1/2021 | N/A | 9:00 am 9:00 pm | | | | | | | |
| Name: Loratadine tablet Dosage: 10 mg Route: by mouth Frequency: every morning Physician: Dr. Tappel | 5/1/2021 | N/A | 9:00 am | | | | | | | |
| Name: Pataday ophthalmic soln 0.2% Dosage: 1 drop Route: in each eye Frequency: every morning Physician: Dr. Tappel | 5/1/2021 | N/A | 9:00 am | | · · · · · · · · · · · · · · · · · · · | THE MANAGEMENT AND ASSESSMENT ASS | | | 2000-region 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 | · |
| Name: ofloxacin otic solution 0.3% Dosage: Instill ten drops Route: in the right ear Frequency: once daily for 7 days Physician: Dr. Tappel | 5/1/2021 | 5/8/2021 | 9:00 pm | THE CONTROL OF THE CO | | | | | | |
| Name: albuterol 90 mcg/inh Dosage: 2 puffs Route: aerosol inhalation Frequency: every 6 h as needed for wheezing Physician: Dr. Roberts | 5/1/2021 | N/A | | | | | | | | |
| Initials Signature/Title | | | | | | | | | | |
| Additional comments: | | | | | | | | | | |