Medication Administration Record

Nursing record of scheduled, as-required and controlled medication. Complete each entry at the point of care, never in advance.

PATIENT AND RECORD DETAILS

Patient name _____ Patient ID / MRN _____

Date of birth _____ dd / mm / yyyy Facility or unit _____

Room or bed _____ Prescriber _____

Period covered, from _____ dd / mm / yyyy to _____ dd / mm / yyyy

ALLERGIES AND PRECAUTIONS

ALLERGIES AND PRECAUTIONS — CHECK BEFORE EVERY DOSE

☐ No known drug allergies Allergy and reaction _____

Allergy and reaction _____

Precautions and alerts _____ anticoagulant, renal impairment, high-alert drug, fall risk

OMISSION AND REFUSAL CODES

R Refused by patient	O Omitted, see notes	N Not available	H Held per prescriber
NPO Nothing by mouth	S Self-administered	A Absent from unit	D Discontinued

Never leave an entry blank. Enter the code in the "given or code" column, add your initials, and record the reason on page 3.

SCHEDULED MEDICATION ADMINISTRATION

DATE	TIME GIVEN	MEDICATION AND STRENGTH	DOSE	ROUTE	FREQUENCY	GIVEN OR CODE	INITIALS

Sign or initial each dose as you give it. Initials must match the signature legend on page 3.

SCHEDULED MEDICATION ADMINISTRATION continued

DATE	TIME GIVEN	MEDICATION AND STRENGTH	DOSE	ROUTE	FREQUENCY	GIVEN OR CODE	INITIALS

AS-REQUIRED (PRN) MEDICATION

DATE	TIME GIVEN	MEDICATION AND STRENGTH	DOSE	ROUTE	INDICATION	RESPONSE AT FOLLOW-UP	INITIALS

Record the clinical indication before you give a PRN dose, then the patient's response when you reassess.

REFUSALS, OMISSIONS AND LATE ENTRIES

DATE	TIME	MEDICATION	CODE	REASON, ACTION TAKEN AND PRESCRIBER NOTIFIED	INITIALS

Notify the prescriber for any withheld or refused dose of a critical medication, and record that you did.

SIGNATURE AND INITIALS LEGEND

INITIALS	PRINTED NAME	SIGNATURE	TITLE AND LICENSE NUMBER

Every person who signs this record completes one line here, once per record period.

CORRECTING AN ENTRY ON THIS RECORD

Correcting an entry. Draw a single line through the error so it stays readable. Write “error” beside it, then enter the correct information in the next available space. Initial and date the correction. Never erase, overwrite or use correction fluid on this record.

Late entries. Record the time the dose was actually given, then the time you charted it, and label the line “late entry”. A medication error is reported through your incident process as well as recorded here.

CONTROLLED SUBSTANCE ADMINISTRATION LOG Schedule II–V

DATE	TIME	DRUG, STRENGTH AND FORM	DOSE GIVEN	AMOUNT WASTED	ROUTE	ADMINISTERED BY, SIGNATURE	WITNESS SIGNATURE

Schedule II–V drugs. This log runs in parallel with the scheduled record above, it does not replace it. A second registered nurse witnesses and signs every wasted amount.

CONTROLLED SUBSTANCE COUNT AT SHIFT CHANGE

DATE	SHIFT	DRUG AND STRENGTH	COUNT AT START	GIVEN	WASTED	COUNT AT END	NURSE SIGNATURE	WITNESS SIGNATURE

Both nurses count the stock together and sign. The closing count carries forward as the next shift's opening count.

DISCREPANCY AND SIGN-OFF

Discrepancy noted this period?

☐ No ☐ Yes — incident report filed **Reported to** _____ **Date** _____ dd / mm / yyyy

Registered nurse, signature and date

Witness or second checker, signature and date