

PRN and STAT MEDICATION ADMINISTRATION RECORD

RESIDENT NAME: _____												ABLE TO SELF MEDICATE: y n		START Date: _____	
SPECIAL INSTRUCTIONS:										Review DATE					
										RN SIGNATURE					
										DELEGATION					
										COUNT					
										DISPOSAL					
Medication	Date	Time	Signs and Symptoms	Prior Interventions	Dose	Route	Initials	Effect	Time	Initials					

Init.	Name / Title	Init.	Name / Title	Init.	Name / Title	Init.	Name / Title	Init.	Name / Title
Physician's Orders							1 Very Effective	4 Effective	
							2 Moderately Effective	5 Ineffective	
							3 Mildly Effective	6 Aggravated Symptom	