

# Medication Administration Record Sheet

MO/YR: 02/2024    Start/Stop Date				Facility Name: Lost City LTC																														
Medication			Hour	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
Domperidone 10 mg 4 times daily		Start	07:00																															
		08/2023	11:00																															
			15:00																															
			19:00																															
		Stop																																
		Start																																
		04/2022																																
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Diagnosis: Chronic nausea		DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.) Avoid/decrease hot spice & citrus														Unit / Room / Bed    Eagle Ridge / 305 / E																		
Allergies: NKA						Physician Name Dr. Sovann Phirun						<b>A.</b> Put initials in appropriate box when medication is given. <b>B.</b> Circle initials when not given. <b>C.</b> State reason for refusal / omission on back of form. <b>D.</b> PRN Medications: Reason given and results must be noted on back of form. <b>E.</b> Legend: <i>S</i> = School; <i>H</i> = Home visit; <i>W</i> = Work; <i>P</i> = Program.																						
						Phone Number (524) 566-0129																												
NAME: Lenard Fields																				Date of Birth: 29-Feb-1980						Sex: M								