


**Simulation Hospital**  
Medication Administration Record

<b>Patient Name:</b> Scott, Jada <b>DOB:</b> 06/10/20XX		 <b>45313594555</b>	
<input type="checkbox"/> Allergies & Sensitivities: <input checked="" type="checkbox"/> NKDA			
<b>Scheduled Medications</b>			
<b>Date Ordered</b>	<b>Medication</b>	<b>0700-1859</b>	<b>1900-0659</b>
<b>PRN Medications</b>			
<i>Today</i>	Acetaminophen suppository 300 mg PRN for Temp greater than 38.5C		
<b>IV Infusions</b>			
<i>Today</i>	IV NSS bolus 400 mL over 1 hr	↑ 0730 K.S.	
<i>Today</i>	IV insulin 2 units/hour	↑ 0830 K.S.	
<i>Today</i>	IV NSS @ 100 mL/hr	↑ 0830 K.S.	
<b>Signature</b>		<b>Signature</b>	
<i>K. Selig, RN</i>		<b>Initials</b>	
<i>K.S.</i>		<b>Initials</b>	