

# **Simulation Hospital**

## Medication Administration Record

<b>Patient Name: Aniston, Jennifer</b>			
<b>DOB: 02/11/19XX</b>		<b>MRN: 569356</b>	
<input type="checkbox"/> <b>Allergies &amp; Sensitivities:</b>			
<input checked="" type="checkbox"/> <b>NKA</b>			
<b>Scheduled Medications</b>			
<b>Date Ordered</b>	<b>Medication</b>	<b>0700-1859</b>	<b>1900-0659</b>
Yesterday	Ferrous Sulfate, 325 mg PO. BID with meals. <i>Do not crush</i>	Done, 09:00—N.S.	
<b>PRN Medications</b>			
Yesterday	Acetaminophen/Oxycodone (5/325 mg) 2 tablets PO, every 6 hours PRN for pain		
Yesterday	Promethazine 25 mg IV, every 6 hours PRN for nausea		
Yesterday	Diphenhydramine 50 mg IV		
Yesterday	Acetaminophen 650 mg, PO		
Yesterday	Epinephrine 0.5 mg IM if wheezing persists		
<b>IV Infusions</b>			
Yesterday	D5LR @ 125 mL/hr continuous		
<b>Signature</b>		<b>Signature</b>	
<i>Norma Saline, RN</i>		<i>N.S.</i>	