

## **Simulation Hospital**

### Medication Administration Record

<b>Patient Name:</b> Shapiro, Carl				
<b>DOB:</b> 07/19/19XX				
<input checked="" type="checkbox"/> <b>Allergies &amp; Sensitivities:</b> Shellfish, Iodine				
<input type="checkbox"/> <b>NKDA</b>				
<b>Scheduled Medications</b>				
<b>Date Ordered</b>	<b>Medication</b>	<b><u>07:00-15:00</u></b>	<b><u>15:00-23:00</u></b>	<b><u>23:00-07:00</u></b>
TODAY	HCTZ 12.5 mg PO daily			
	Losartan 50 mg PO daily			
	ASA 81 mg PO daily			
<b>PRN Medications</b>				
TODAY	NTG 0.4 mg tablet SL, PRN for chest pain. May repeat q5 minutes, max of 3 doses *Hold if SBP <90 mmHg			
	Ondansetron 4 mg IVP PRN for nausea			
	Morphine 2 mg IVP PRN for pain q4 hours			
<b>IV Infusions</b>				
TODAY	Normal Saline Solution – 75 mL / hr	↑ 0645, MG		
<b>Signature</b>		<b>Initials</b>	<b>Signature</b>	
<i>Michele Gosling, RN, CCRN</i>		<i>mg</i>		