

## Simulation Hospital

### Medication Administration Record

<b>Patient Name:</b> Williams, Henry			
<b>DOB:</b> 07/02/19XX			
<input type="checkbox"/> Allergies & Sensitivities:			
<input checked="" type="checkbox"/> NKA			
<b>Scheduled Medications</b>			
<b>Date Ordered:</b>	<b>Medication</b>	<b>0700-1859</b>	<b>1900-0659</b>
TODAY	Prednisone 40 mg po daily X 10 days		
	Advair diskus 250 q 12 hours		
	Lisinopril 12.5 mg PO daily		
	Lopressor 50 mg PO daily		
	ASA 81 mg PO daily		
	Crestor 20 mg PO every evening		
	Singular 10 mg PO every evening		
<b>PRN Medications</b>			
	Albuterol 2 puffs as needed QID for acute onset shortness of breath		
<b>IV Infusions</b>			
Today 06:30	LR @ 50 mL / hour J. Kameron, R.N.		
<b>Signature</b>		<b>Initials</b>	<b>Signature</b>
<i>Jessie Kameron, R.N.</i>		<i>J.K.</i>	

## Medication Administration Record

**Date:** *TODAY*

**Allergies: NKA**

[illegible]

All medications reviewed by RN?	Yes	No

Medications reviewed with patient?	Yes	No

**Comments:**

**Nurse Signature:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_