

Simulation Hospital

Medication Administration Record

Patient Name: Mayman, Dale DOB: 11/13/19XX			
<input checked="" type="checkbox"/> Allergies & Sensitivities: ACE Inhibitors <input type="checkbox"/> NKA			
Scheduled Medications			
Date Ordered	Medication	0700-1859	1900-0659
<i>Yesterday</i>	Aldactone 100 mg PO daily <i>due @ 08:00</i>		
	Inderal 10 mg PO BID <i>due @ 08:00 & 20:00</i>		
	Lasix 40 mg PO daily <i>due @ 08:00</i>		
	Multivitamin 1 tablet PO daily <i>due @ 08:00</i>		
	NSS flush 3 mL IV q8 hrs and PRN		
	Vancomycin 1 gm IV q12 hrs [1 gm in 250 mL over 60 min] <i>due 09:00 & 21:00</i>		
PRN Medications			
<i>Yesterday</i>	Vicodin 5/500 1 tablet PO q4 hrs PRN for pain, post-procedure		
	250 mL NSS @ 10 mL/hr PRN for intermittent IV med administration		
IV Infusions			
Signature		Signature	
Initials		Initials	