## **Greenfield Medical Center**

Medication Administration Record

Patient Name: Sorrells, Marco	Wt (kg): 49 kg						
<b>DOB</b> : 09/08/20XX <b>Age</b> : 14 <b>MRN</b> : 45521690	Code: FULL			45521690			
	Attending: James Town, D.O.						
<ul><li>☐ Allergies &amp; Sensitivities: Reaction:</li><li>☒ NDKA</li></ul>							
Scheduled Medications							
Medication		07	700-1859		1900-0659		
Drug Name Here							
Order Dose:							
Route:							
Frequency:							
Last Dose:							
Next Dose Due:							
Order Start Time:							
PRN Medications							
Drug Name Here							
Order Dose:							
Route:							
Frequency:							
Last Dose:							
Next Dose Due:							
Order Start Time:							
IV Infusions							
0.9% NaCl							
Order Dose: 100 mL/hr							
Route: IV							
Frequency: <b>Continuous</b>							
Last Dose: Started in ED							
Next Dose Due:							
Order Start Time: <b>Today</b>							
Signature		Initials		Signa	ture	Initia	ls