Greenfield Medical Center

Medication Administration Record (Page 1 of 2)

(For states 1 & 2)

| Patient Name: Cowley, Jonathan DOB: 01/27/19XX Age: 34 years MRN: 27544716 | Wt (kg): 77.1 Code: FULL Attending: Natalie | Choi, MD | | | | | | | |
|--|---|----------------------------|--|-----------|--|--|--|--|--|
| Allergies & Sensitivities: Reaction: NKA | | Date: Today, Post-op day 1 | | | | | | | |
| Scheduled Medications | | | | | | | | | |
| Medication | | 0700-1859 | | 1900-0659 | | | | | |
| cefazolin | | | | | | | | | |
| Order Dose: 1 gram | | | | | | | | | |
| Route: IVPB | | | | | | | | | |
| Frequency: every 6 hours | | | | | | | | | |
| Last Dose: Today at 0356 | | | | | | | | | |
| Next Dose Due: Today at 1000 | | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | | |
| Pantoprazole | | | | | | | | | |
| Order Dose: 40 mg | | | | | | | | | |
| Route: IVP | | | | | | | | | |
| Frequency: every 6 hours | | | | | | | | | |
| Last Dose: Today at 0353 | | | | | | | | | |
| Next Dose Due: Today at 1000 | | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | | |
| Normal saline lock flush | | | | | | | | | |
| Order Dose: 3-5 mL | | | | | | | | | |
| Route: IVP | | | | | | | | | |
| Frequency: every 8 hours | | | | | | | | | |
| Last Dose: Today at 0011 | | | | | | | | | |
| Next Dose Due: 0800 | | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | | |
| Heparin (Porcine) | | | | | | | | | |
| Order Dose: 5,000 units | | | | | | | | | |
| Route: SubQ | | | | | | | | | |
| Frequency: every 8 hours | | | | | | | | | |
| Last Dose: Today at 0011 | | | | | | | | | |
| Next Dose Due: Today at 0800 | | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | | |

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Medication Administration Record (Page 2 of 2)

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| PRN Medications | | | | | | | | |
|---|---------------|--------|-----------|----------|--|--|--|--|
| Medication | 070 | 0-1859 | 1900-0659 | | | | | |
| Ondansetron | | | | | | | | |
| Order Dose: 4 mg | | | | | | | | |
| Route: IVP | | | | | | | | |
| Frequency: every 4 hours PRN nausea, vomiting | | | | | | | | |
| Last Dose: | | | | | | | | |
| Next Dose Due: | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | |
| HYDROmorphone Hydrochloride | | | | | | | | |
| Order Dose: 0.5 -2 mg | | | | | | | | |
| Route: IVP | | | | | | | | |
| Frequency: every 2-3 hours PRN pain | | | | | | | | |
| Last Dose: Today at 0500 | | | | | | | | |
| Next Dose Due: | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | |
| Normal Saline lock flush | | | | | | | | |
| Order Dose: 3-5 mL | | | | | | | | |
| Route: IVP | | | | | | | | |
| Frequency: PRN | | | | | | | | |
| Last Dose: | | | | | | | | |
| Next Dose Due: | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | |
| IV Infusions | | | | | | | | |
| D5/0.45% NaCl with KCl 20 mEq | | | | | | | | |
| Order Dose: 125 mL/hour | | | | | | | | |
| Route: IV | | | | | | | | |
| Frequency: Continuous | | | | | | | | |
| Last Dose: Today at 0700 | | | | | | | | |
| Next Dose Due: | | | | | | | | |
| Order Start Time: Yesterday | | | | | | | | |
| Signature | Initials | Sign | ature | Initials | | | | |
| L. Michelle Trout, MSN, RN | LMT | 31g11 | | | | | | |
| a. manada oman, more, mo | ~ <i>1110</i> | | | | | | | |