Greenfield Medical Center

Medication Administration Record (page 1 of 2)

Patient Name: Scott, Jada DOB: 06/10/20XX Age: 6 years	Wt (kg): 20.0 Code Status: FULL Attending: Paul Jordan, MD		I	13594558						
MRN: 13594558		13334330								
Allergies & Sensitivities: Reaction:										
NKA	Cabadulad B	Andinations								
	Scheduled Medications Medication 0700-1859 1900-0659									
Medication		0700-1859		1900-0659						
PRN Medications										
Acetaminophen suppository										
Order Dose: 325 mg										
Route: PR										
Frequency: PRN										
Last Dose: None										
Next Dose Due: PRN										
Order Start Time: Today										
NOTE: For temp greater than 38.	5° C									
IV Infusions										
IV NSS bolus		↑ 0730 K.S.								
Order Dose: 400 mL										
Route: IV										
Frequency: One time over 1 hr										
Last Dose: Today 0730										
Next Dose Due: N/A										
Order Start Time: Today										
IV NSS		↑ 0830 K.S.								
Order Dose: 100 mL/hr										
Route: IV										
Frequency: Continuous										
Last Dose: Today at 0830										
Next Dose Due:										
Order Start Time: Today										
NOTE: Discontinue after first voice	<u> </u>									
IV NSS with KCl										
Order Dose: 20 mEq KCl in 500 m	L 0.9% NaCl at									
85 mL/hr										
Route: IV										
Frequency: Continuous										
Last Dose:										
Next Dose Due:										
Order Start Time: Today										
NOTE: Begin after first void										

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Medication Administration Record (page 2 of 2)

cont.								
Medication		0	700-1859	1900-06	59			
IV Insulin		↑ 0830 K	.S.					
Order Dose: 0.1 units/kg/hour								
Route: IV								
Frequency: Continuous								
Last Dose: Today at 0830								
Next Dose Due:								
Order Start Time: Today								
Insulin Drip Protocol								
Verify with								
Blood Glucose	Insulin infusion							
(mg/dl)								
61-150	Stop infusion							
	Notify physician							
151-200	Stop infusion							
	Notify physician							
201-250	Maintain infusion rate							
251-300	Maintain infusion rate							
301-350	Increase infusion by 0.1							
	units/kg/hr							
	Notify Physician							
351-400	Increase infusion by 0.1							
	units/kg/hr							
	Notify Physician							
>400	Increase infusion by 0.1							
	units/kg/hr							
	Notify Physician							
Cianatura		Initials	C:	<u> </u>	Initials			
Signature			Signa	ture	initials			
Kathleen Selig, RN		KS						