


**Greenfield Medical Center**  
**Medication Administration Record**  
 (Page 1 of 2)

<b>Patient Name:</b> Stoltzfus, Daniel <b>DOB:</b> 08/01/19XX <b>Age:</b> 59 years <b>MRN:</b> 29545872	<b>Wt (kg):</b> 84 <b>Code:</b> FULL <b>Attending:</b> Dr. Seth Brandman	 <b>29545872</b>
<input checked="" type="checkbox"/> <b>Allergies &amp; Sensitivities:</b> <b>Reaction:</b> <input checked="" type="checkbox"/> <b>NKA</b>		
<b>Scheduled Medications</b>		
<b>Medication</b>	<b>0700-1859</b>	<b>1900-0659</b>
<b>Ciprofloxacin</b> Order Dose: <b>400 mg</b> Route: <b>IV</b> Frequency: <b>Every 12 hours</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>		
<b>DULoxetine</b> Order Dose: <b>40 mg</b> Route: <b>PO</b> Frequency: Daily, in AM Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>		
<b>Baclofen</b> Order Dose: <b>20 mg</b> Route: <b>PO</b> Frequency: <b>4 times/day</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>		
<b>Enoxaparin</b> Order Dose: <b>40 mg</b> Route: <b>SC</b> Frequency: <b>Every 12 hours</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>		
<b>Glycerin Suppository</b> Order Dose: <b>1 Suppository</b> Route: <b>PR</b> Frequency: <b>Daily at HS</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>		

**Greenfield Medical Center**  
**Medication Administration Record**  
 (Page 2 of 2)

Scheduled Medications Continued			
Medication		0700-1859	1900-0659
<b>NSS Flush</b> Order Dose: <b>3 mL</b> Route: <b>IVP</b> Frequency: <b>Every 8 hours</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>			
PRN Medications			
Medication		0700-1859	1900-0659
<b>Lorazepam</b> Order Dose: <b>1 mg</b> Route: <b>PO</b> Frequency: <b>Every 6 hours PRN for anxiety</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>			
<b>Bisacodyl suppository</b> Order Dose: Route: <b>PR</b> Frequency: Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>			
<b>NSS Flush</b> Order Dose: <b>3-10 mL</b> Route: <b>IVP</b> Frequency: <b>PRN</b> Last Dose: Next Dose Due: Order Start Time: <b>Yesterday</b>			
IV Infusions			
Medication		0700-1859	1900-0659
Signature	Initials	Signature	Initials
<i>Melissa Potter, BSN</i>	<i>MP</i>		