


**Greenfield Medical Center**  
Medication Administration Record

| <b>Patient Name:</b> Yoder, Sherman<br><b>DOB:</b> 6/26/XX <b>Age:</b> 80 years<br><b>MRN:</b> 64646428   | <b>Wt (kg):</b> 84<br><b>Code Status:</b> FULL<br><b>Attending:</b> Frank Baker, MD | <br><b>64646428</b> |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
|---|---|--|--------------------------------|-----------------|-----|--------------------------------|--------------------------------|--------------------------------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|---------|---------|----------|----------|---------|---------|----------|----------|---------|----------|----------|----------|------|----------------------|----------------------|----------------------|--|--|
| <input checked="" type="checkbox"/> <b>Allergies &amp; Sensitivities:</b> Reaction:<br><input type="checkbox"/> <b>NKA</b>  |   |  |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <b>Scheduled Medications</b>  |   |  |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <b>Medication</b>   | <b>0700-1859</b>  | <b>1900-0659</b>   |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <b>diTIAZem SR tablet</b><br>Order Dose: <b>240 mg</b><br>Route: <b>ORAL</b><br>Frequency: <b>1 Time DAILY</b><br>Last Dose: <b>None</b><br>Next Dose Due: <b>See Note</b><br>Order Start Time: <b>Yesterday</b><br>NOTE: <b>Begin when tolerating full diet</b>  |   |  |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <b>insulin aspart</b><br>Order Dose: <b>Follow moderate protocol</b><br>Route: <b>Subcutaneous</b><br>Frequency: <b>q 6 hours</b><br>Last Dose: <b>0621 Today</b><br>Next Dose Due: <b>1200 Today</b><br>Order Start Time: <b>2 Days Ago</b>  |   |  |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="text-align: left;">Blood Sugar (mg/dl)</th> <th>Low Dose Scale</th> <th>Moderate Dose Scale</th> <th>High Dose Scale</th> </tr> </thead> <tbody> <tr> <td>&lt;70</td> <td>Initiate Hypoglycemia Protocol</td> <td>Initiate Hypoglycemia Protocol</td> <td>Initiate Hypoglycemia Protocol</td> </tr> <tr> <td>70-130</td> <td>0 units</td> <td>0 units</td> <td>0 units</td> </tr> <tr> <td>131-180</td> <td>2 units</td> <td>4 units</td> <td>8 units</td> </tr> <tr> <td>181-240</td> <td>4 units</td> <td>8 units</td> <td>12 units</td> </tr> <tr> <td>241-300</td> <td>6 units</td> <td>10 units</td> <td>16 units</td> </tr> <tr> <td>301-350</td> <td>8 units</td> <td>12 units</td> <td>20 units</td> </tr> <tr> <td>351-400</td> <td>10 units</td> <td>16 units</td> <td>24 units</td> </tr> <tr> <td>&gt;400</td> <td>12 units and call MD</td> <td>20 units and call MD</td> <td>28 units and call MD</td> </tr> </tbody> </table> | Blood Sugar (mg/dl)   | Low Dose Scale   | Moderate Dose Scale            | High Dose Scale | <70 | Initiate Hypoglycemia Protocol | Initiate Hypoglycemia Protocol | Initiate Hypoglycemia Protocol | 70-130 | 0 units | 0 units | 0 units | 131-180 | 2 units | 4 units | 8 units | 181-240 | 4 units | 8 units | 12 units | 241-300 | 6 units | 10 units | 16 units | 301-350 | 8 units | 12 units | 20 units | 351-400 | 10 units | 16 units | 24 units | >400 | 12 units and call MD | 20 units and call MD | 28 units and call MD |  |  |
| Blood Sugar (mg/dl)   | Low Dose Scale  | Moderate Dose Scale  | High Dose Scale                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <70   | Initiate Hypoglycemia Protocol  | Initiate Hypoglycemia Protocol   | Initiate Hypoglycemia Protocol |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| 70-130  | 0 units   | 0 units  | 0 units                        |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| 131-180   | 2 units   | 4 units  | 8 units                        |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| 181-240   | 4 units   | 8 units  | 12 units                       |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| 241-300   | 6 units   | 10 units   | 16 units                       |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| 301-350   | 8 units   | 12 units   | 20 units                       |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| 351-400   | 10 units  | 16 units   | 24 units                       |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| >400  | 12 units and call MD  | 20 units and call MD   | 28 units and call MD           |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |
| <b>insulin glargine</b><br>Order Dose: <b>10 units</b><br>Route: <b>Subcutaneous</b><br>Frequency: <b>1 TIME DAILY at HS</b><br>Last Dose: <b>None</b><br>Next Dose Due: <b>See Note</b><br>Order Start Time: <b>Yesterday</b><br>NOTE: <b>Begin when tolerating full diet</b>  |   |  |                                |                 |     |                                |                                |                                |        |         |         |         |         |         |         |         |         |         |         |          |         |         |          |          |         |         |          |          |         |          |          |          |      |                      |                      |                      |  |  |

| Scheduled Medications (cont)  |           |           |
|---|-----------|-----------|
| Medication  | 0700-1859 | 1900-0659 |
| <b>lisinopril tablet</b><br>Order Dose: <b>5 mg</b><br>Route: <b>ORAL</b><br>Frequency: <b>1 TIME DAILY</b><br>Last Dose: <b>None</b><br>Next Dose Due: <b>See Note</b><br>Order Start Time: <b>Yesterday</b><br>NOTE: <b>Begin when tolerating full diet</b>   |           |           |
| <b>metFORMIN tablet</b><br>Order Dose: <b>500 mg</b><br>Route: <b>ORAL</b><br>Frequency: <b>2 TIMES DAILY</b><br>Last Dose: <b>None</b><br>Next Dose Due: <b>See Note</b><br>Order Start Time: <b>Yesterday</b><br>NOTE: <b>Begin when tolerating full diet</b> |           |           |
| <b>simvastatin tablet</b><br>Order Dose: <b>20 mg</b><br>Route: <b>ORAL</b><br>Frequency: <b>1 TIME DAILY</b><br>Last Dose: <b>None</b><br>Next Dose Due: <b>See Note</b><br>Order Start Time: <b>Yesterday</b><br>NOTE: <b>Begin when tolerating full diet</b> |           |           |
| <b>warfarin tablet</b><br>Order Dose: <b>per daily PT/INR</b><br>Route: <b>ORAL</b><br>Frequency: <b>1 TIME DAILY at 1800</b><br>Last Dose: <b>None</b><br>Next Dose Due: <b>Today at 1800</b><br>Order Start Time: <b>Begin POD #2</b>                         |           |           |

| PRN Medications  |           |           |           |
|--|-----------|-----------|-----------|
| Medication   | 0700-1859 |           | 1900-0659 |
| <b>HYDROmorphone hydrochloride</b><br>Order Dose: <b>1 mg</b><br>Route: <b>Intravenous</b><br>Frequency: <b>EVERY 2 HOURS PRN for severe pain</b><br>Last Dose: <b>0445 Today</b><br>Next Dose Due: <b>PRN</b><br>Order Start Time: <b>2 Days Ago</b>  |           |           |           |
| <b>ondansetron</b><br>Order Dose: <b>4 mg</b><br>Route: <b>Intravenous</b><br>Frequency: <b>EVERY 6 HOURS PRN for Nausea or Vomiting</b><br>Last Dose: <b>2300 Yesterday</b><br>Next Dose Due: <b>PRN</b><br>Order Start Time: <b>2 Days Ago</b>   |           |           |           |
| IV Infusions   |           |           |           |
| <b>D5 0.9% NaCl with 20 mEq KCl</b><br>Order Dose: <b>125 mL / hour</b><br>Route: <b>Intravenous</b><br>Frequency: <b>Continuous</b><br>Last Dose:<br>Next Dose Due:<br>Order Start Time:  |           |           |           |
| <b>piperacillin sodium/tazobactam</b><br>Order Dose: <b>3.375 g</b><br>Route: <b>Intravenous</b><br>Recommended Infusion Time: <b>30 minutes</b><br>Frequency: <b>EVERY 6 HOURS</b><br>Last Dose: <b>0558 Today</b><br>Next Dose Due: <b>1200 Today</b><br>Order Start Time: <b>2 Days Ago</b> |           |           |           |
| Signature  | Initials  | Signature | Initials  |
| A. Burlington, BSN, RN   | AB        |           |           |
|  |           |           |           |