


Greenfield Medical Center

Medication Administration Record

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Patient Name: Yoder, Sherman DOB: 6/26/XX Age: 80 years MRN: 64646428	Wt (kg): 84 Code Status: FULL Attending: Frank Baker, MD	 64646428																																				
<input checked="" type="checkbox"/> Allergies & Sensitivities: Reaction: <input type="checkbox"/> NKA																																						
Scheduled Medications																																						
Medication	0700-1859	1900-0659																																				
diTIAZem SR tablet Order Dose: 240 mg Route: ORAL Frequency: 1 Time DAILY Last Dose: None Next Dose Due: See Note Order Start Time: Yesterday NOTE: Begin when tolerating full diet																																						
insulin aspart Order Dose: Follow moderate protocol Route: Subcutaneous Frequency: q 6 hours Last Dose: 0621 Today Next Dose Due: 1200 Today Order Start Time: 2 Days Ago <table border="1" data-bbox="115 1150 841 1560"><thead><tr><th>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><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>>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		
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insulin glargine Order Dose: 10 units Route: Subcutaneous Frequency: 1 TIME DAILY at HS Last Dose: None Next Dose Due: See Note Order Start Time: Yesterday NOTE: Begin when tolerating full diet																																						

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

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