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| **Upper Rio Grande Regional Simulation Hospital** | **PRN**  **Medication Administration Record** |

# Patient Name: Kumar, Robin MR # 590734

# Month: January Year: 2016 Allergies: Pollen

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| **Ordering MD Date Ordered** | | **Medication  Name, Dose, Route** | **Date, Time, By** | | | **Date, Time, By** | **Date, Time, By** | | | **Date, Time, By** | | **Date, Time, By** | **Date, Time, By** | |
| MD: H. Richards  Date: 19 Jan ‘16 | | 2 L/min nasal cannula to keep pulse ox sats greater than 92% | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: H. Richards  Date: 19 Jan ‘16 | | zolpidem, 5 mg, po, at HS, PRN sleep | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: H. Richards  Date: 19 Jan ‘16 | | acetaminophen, 650 mg, po, every 4 hours PRN fever greater than 101°F or pain | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: H. Richards  Date: 19 Jan ‘16 | | ondansetron, 4 mg, IV push over 2 - 5 minutes, every 6 hours PRN nausea/vomiting | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: H. Richards  Date: 19 Jan ’16 | | NTG, 0.4 mg, spray, PRN cardiac equivalent pain; repeat every 5 minutes x 3; notify physician | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: H. Richards  Date: 19 Jan ’16 | | NTG drip, 5 mcg/kg/min, for cardiac equivalent pain refractory to NTG spray; increase by 5 mcg/kg/min every 5 minutes to a maximum dose of 20 mcg/kg/min | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| **Ordering MD Date/Time Ordered** | | **Medication  Name, Dose, Route** | **Date, Time, By** | | | **Date, Time, By** | **Date, Time, By** | | | **Date, Time, By** | | **Date, Time, By** | **Date, Time, By** | |
| MD: H. Richards  Date: 19 Jan ’16 | morphine, 2 mg, IV push PRN cardiac equivalent pain; may repeat every 5 minutes. Not to exceed 10 mg/hr | | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD:  Date: |  | | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD:  Date: |  | | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD:  Date: |  | | Date:  Time:  By: | | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| **Nurse Signature** | | | | **Initials** | **Nurse Signature** | | | | **Initials** | | **Nurse Signature** | | | **Initials** |
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