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

# Patient Name: Leyva, Jessie MR # 437103

# Month: January Year: 2016 Allergies: Morphine

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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: R. Cuomo  Date: 16 Jan ‘16 | acetaminophen elixir, 650 mg, per NG, every 4 hours PRN fever greater than 101°F or pain | Date: 17 Jan ‘16  Time: 2300  By: NN | | | Date: 18 Jan ‘16  Time: 1400  By: DN | Date:  D/C 19 Jan ’16 @ 0730  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: R. Cuomo  Date: 16 Jan ‘16 | ondansetron, 4 mg, IV over 2 –5 minutes, every 12 hours PRN nausea/vomiting | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: R. Cuomo  Date: 16 Jan ‘16 | lorazepam, 0.5 mg, IV, every 2 hours PRN anxiety. Max dose 10 mg/day | Date: 17 Jan ‘16  Time: 0500  By: NN | | | Date:  Time:  By: | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD: R. Cuomo  Date: 19 Jan ‘16 | acetaminophen elixir, 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:  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** |
| Nancy Nails, RN | | | NN |  | | |  | |  | | |  |
| Doris Nunez, RN | | | DN |  | | |  | |  | | |  |