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| **Upper Rio Grande Regional Simulation Hospital** | | Medication Administration Record  **Name:** Schmitz, Angel **MR #** 162201  **Month:** January **Year:** 2016 **Allergies: Sulfa** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medication** | Time | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | 27 | 28 | 29 | 30 | 31 |
| Mechanical ventilation: Assist Control with TV at 500; FIO2 at 40%; Rate at 18; PEEP at 5  Prescribed By: P. Schwertz | 0700  1900 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1900 0700 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN | NN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| NS at 125 ml/hr  Prescribed By: P. Schwertz | 0700  1900 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1900 0700 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN | NN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| folic acid, 1 mg, IV push over 1 minute, every 12 hours  Prescribed By: P. Schwertz | 0800 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 2000 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| levalbuterol, 0.63 mg in 3 ml normal saline as nebulizer treatment, every 4 hours per RT  Prescribed By: P. Schwertz | 0200 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN |  |  |  |  |  |  |  | |  |  |  |  |  |
| 0600 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN | NN |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1000 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1400 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1800 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 2200 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| pantoprazole, 40 mg, IV push over 2 minutes, daily  Prescribed By: P. Schwertz | 0800 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| norepinephrine drip, 8 mg in 250 NS at 8 mcg/min; titrate to maintain SBP = 80-100 or MAP = 80  Prescribed By: P. Schwertz | 0700  1900 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1900  0700 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN | NN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| propofol 500 mg in 500 ml solution at 5 mcg/kg/min  Prescribed By: P. Schwertz | 0700  1900 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1900  0700 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN | NN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| cefepime, 1 gm in 50 ml NS, IVPB, daily, over 30 minutes  Prescribed By: P. Schwertz | 0800 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| bumetanide, 1 mg, IV push, every 6 hours  Prescribed By: P. Schwertz | 0200 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | NN | NN | NN | NN |  |  |  |  |  |  |  | |  |  |  |  |  |
| 0800 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 1400 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN | DN | DN |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| **Medication** | Time | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | | 27 | 28 | 29 | 30 | 31 |
| erythropoietin, 50 units/kg, Sub-Q, daily, Monday, Wednesday, Friday  Prescribed By: P. Schwertz | 0800 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DN |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Prescribed By: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Prescribed By: |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |

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| One-Time Orders | | | |
| Date/Time  Prescribed By | Order | Date and Time Given | Initials |
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| **Nurse Signature** | **Initials** | **Nurse Signature** | **Initials** | **Nurse Signature** | **Initials** |
| Nancy Nails, RN | NN |  |  |  |  |
| Doris Nunez, RN | DN |  |  |  |  |