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

# Patient Name: Schmitz, Angel MR # 162201

# Month: January Year: 2016 Allergies: Sulfa

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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:  P. Schwertz  Date:16 Jan ‘16 | acetaminophen elixir, 650 mg, per NGT, every 4 hours PRN fever greater than 101°F | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | lorazepam, 0.5 mg, IV push, every 2 hours PRN anxiety. Max dose 10 mg/day. | Date:  Time:  By: | | | Date:  Time:  By: | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | morphine, 4 mg, IV push, every 4-6 hours PRN pain | Date: 19 Jan 16  Time: 0001  By: NN | | | Date: 19 Jan 16  Time: 0401  By: NN | Date:  Time:  By: | | Date:  Time:  By: | | Date:  Time:  By: | Date:  Time:  By: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: Less than 60 – Initiate Hypoglycemic Protocol | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: 61-150 – no insulin | Date/Time: 19 Jan  0630  By: NN  BG: 94 | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: 151-200 – 3 units Regular insulin, sub-Q | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: 201-250 – 5 units Regular insulin, sub-Q | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| **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:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: 251-300 – 8 units Regular insulin, sub-Q | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: 301-350 – 10 units Regular insulin, sub-Q | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: 351-400 – 12 units Regular insulin, sub-Q | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  P. Schwertz  Date:16 Jan ‘16 | Sliding scale insulin coverage: Greater than 400 – 15 units Regular insulin, sub-Q, call MD | Date/Time:  By:  BG: | | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | | Date/Time:  By:  BG: | Date/Time:  By:  BG: | |
| MD:  Date: |  |  | | |  |  | |  | |  |  | |
| MD:  Date: |  |  | | |  |  | |  | |  |  | |
| **Nurse Signature** | | | **Initials** | **Nurse Signature** | | | **Initials** | | **Nurse Signature** | | | **Initials** |
| Nancy Nails, RN | | | NN | Doris Nunez, RN | | | DN | |  | | |  |
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