

MEDICATION ADMINISTRATION RECORD

Routine Medication	HR	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

CLIENTS FULL NAME		MM/YYYY	
ALLERGIES		FACILITY	Caring Hands community Services Day Program
DIET		PCP	
Pharmacy Address		DIAGNOSIS	

**PRN MEDICATION NOTES
 MEDICATION ERROR DOCUMENTATION
 DOCUMENTATION ERROR EXPLANATION**

DATE	TIME	INITIALS	DRUG - STRENGTH - DOSE	SITE IF OTHER THAN ORAL	REASON Describe the error	RESULT effects noted from the error

INT	PRINTED FULL NAME	SIGNATURE	DATE: MM/DD/YYYY