

HANDOUT F-1

MEDICATION ADMINISTRATION RECORD

Medications	Hour	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	
Hydrocodone 10/325 Take 1 tablet by mouth every 4 hours as needed for pain.	P																																
	R			TK							CJ																						
	N																																
LASIX 40mg. Take 1 tablet by mouth once every day.	8AM	TK	TK	TK	TK	TK	JU	JU	JU	JU																							
		Discontinued 2-9-00 order changed, see below JH																															
COUMADIN 5mg. Take 1 tablet by mouth every other day. 2/08/00	6PM																																
Lanoxin 0.125 mg. Take 1 tablet by mouth daily. Check pulse before giving and hold if pulse is less than 60 beats/min	8AM	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU	H		
	Pulse	64	68	72	74	80	84	80	64	60	66	64	72	83	83	88	72	80	80	72	76	60	64	66	68	68	72	80	82	84	54		
AMOXICILLIN 250mg Take 1 capsule by mouth 3 times daily for 10 days. 2/03/00	8AM																																
	2PM																																
	8PM																																
NITRO-DUR 0.4mg/hr PATCH ----Apply 1 patch every morning and remove at bedtime	8AM	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU			
	Site	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC			
	Remove																																
CAPOTEN 25mg Take 1 tablet by mouth 3 times daily.	8AM	TK	TK	TK	TK	TK	JU	JU	JU																								
	2PM	TK	TK	TK	TK	TK	JU	JU	JU																								
	8PM	DB	DB	DB	DB	DB	CJ	CJ	CJ																								
CAPOTEN 50mg Take 1 tablet by mouth 3 times daily. (Give 2-25mg tablets) 2/08/00	8AM																																
	2PM																																
	8PM																																
LASIX 40mg Take 1 tablet by mouth twice daily. 2/09/00	8AM																																
	4PM																																

Charting for the month of: **1/1/13** through **1/31/13**

Physician: **Dr. Moses** Telephone # **919-555-1212** Medical Record #:

Alt. Physician: Alt. Physician Telephone #:

Allergies: **NKA** Rehabilitation Potential:

Diagnosis: **Congestive Heart Failure, Hypertension** Admission Date: **5/03/09**

Resident: **Jo Burns** Date of Birth: **10/17/30** Room / bed #: **123-2**

