

Introduction to IV Bolus Medication Administration Check-Off

(Sample Medication Administration Record)

Patient	Grant, Thomas H.	MRN	6985477
Date of Birth	01/08/XXXX	Provider	Benson
Age	47 years	Allergies	NKDA

PRN Medications		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Dilaudid (hydromorphone hydrochloride 1mg in 1mL) 0.5mL to 1mL PRN IV over 3 minutes every 2-3 hours for pain greater than 7/10	Time Initials Dose IV Site	0800 JW 0.5ml Left hand						

Initials	Signature/Title	Initials	Signature/Title
JW	Janice Wells SN		