

Introduction to Intramuscular Injections Check-Off

(Sample Medication Administration Record)

Patient	Grant, Hannah	MRN	1524833
Date of Birth	02/28/XXXX	Provider	Frey
Age	22 years	Allergies	NKDA

Initials	Signature/Title	Initials	Signature/Title
<i>JW</i>	<i>Janice Wells SN</i>		

Medication	Time	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Ketorolac (Toradol) 30mg IM	Initials	<i>JW</i>						
	Site	<i>Right vastus lateralis</i>						
Ketorolac (Toradol) 15-30mg IM every 6 hours PRN	Initials							
	Site							