	HOUR

RESIDENT	D.O.B	Sex	Room #	Admission Date	Medical Record Number

Form # MP2875L (06/12)
Reorder From: MED•PASS® The Fine Art of Document Design 800-438-8884
INH 092209

VITAL SIGNS	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
Temperature																															
Pulse																															
Respiration																															
Blood Pressure																															

DATE SHIFT color ink - | EVENING SHIFT color ink - | NIGHT SHIFT color ink -

DATE	TIME	INIT.	DRUG - STRENGTH - DOSE	INJ. SITE	REASON	RESULTS	DATE	TIME	INIT.	DRUG - STRENGTH - DOSE	INJ. SITE	REASON	RESULTS

INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE

INSTRUCTIONS:

A. Initial appropriate box when medication or treatment is given.
B. Circle initials when medication or treatment is refused.
C. Indicate injection site with appropriate code.
D. State reason for refusal under medication notes.
E. State reason and result for PRN medication or treatment.

RESULT CODES:

1. Effective
2. Ineffective
3. Slightly Effective
4. No Effect Observed

INJECTION SITE CODE:

1. Right Dorsal Gluteus
2. Left Dorsal Gluteus
3. Right Ventral Gluteus
4. Left Ventral Gluteus
5. Right Lateral Thigh
6. Left Lateral Thigh
7. Right Deltoid
8. Left Deltoid
9. Right Upper Arm
10. Left Upper Arm
11. Right Anterior Thigh
12. Left Anterior Thigh
13. Upper Back Left
14. Upper Back Right
15. Upper Chest Left
16. Upper Chest Right
17. To Right and Above Umbilicus
18. To Left and Above Level of Umbilicus
19. To Right and Below Level of Umbilicus
20. To Left and Below Level of Umbilicus

Charting Codes: A. Charted in Error B. Drug temporarily unavailable C. Resident refused D. Drug held in nurse's judgement, drug inappropriate or not needed at this time. E. Resident vomited or spit out medication, dosage absorbed questionable. F. Resident out of facility. G. See nurse's notes H. Drug Holiday