

Medication Administration Record

Daily Medication Log for: _____ **Date: (month & year):** _____ **Allergies:** _____

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		
Drug:																																	
Dose:																																	
Frequency Given:																																	

Side Effects: _____
Reason for Use: _____
Special Instructions: _____
Physician: _____

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		
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Side Effects: _____
Reason for Use: _____
Special Instructions: _____
Physician: _____

NOTE: If medications were not given at the care home, indicate why: _____ **Staff Name:** _____ **Staff Initials:** _____
 H=meds sent with resident for home visit _____
 R=refused medication _____
 D=dose sent to day program _____
 N=not at care home at time dose was needed _____