Medication Administration Record

History of Drug Allergies:

Name of resident Date of birth			Bed no.								Month Year																					
Date of prescription	name, formulation and dosage of drug	Frequency of use	Time of use	1	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 2	1 2	22 23	24	4 25	26	5 27	7 28	8 29	9 3	0 31
		time(s) a day	am																												7	7/
		tablet(s)each time	am																			//					1			abla	7	7/
prepare			pm		//																						1/	1/	1/	7/	7	7/
check	Source of drug		pm		//																			//			1/	1/	1/	1	1	1/
			ĺ	1	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 2	1 2	22 23	2	4 25	26	5 27	7 28	3 2	9 3	0 31
		time(s) a day	am		//																			//			1/	1/	1/	1	7,	7/
		tablet(s)each time	am	/	//																/	//	1	//	1/	//	1/	1/	1/	1	1	1/
prepare			pm	/	//											/						//	1	//	1	1/	1/	1/	1/	1	1	1/
check	Source of drug		pm	/	//	1/						1/				1/					/	//	//	//	1	1/	1/	1/	1/	1/	1,	1/
				1	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 2	1 2	22 23	2	4 25	26	5 27	7 28	8 2	9 3	0 31
		time(s) a day	am	/	//	1/	1/		1/			1/				1/							1	//	1	1/	1/	1/	1/	1,	1,	7/
		tablet(s)each time	am	Χ,	//	1/										1/					/		1	//	1	1/	1/	1	1	1	1,	//
prepare			pm	Χ,	//	1/										1/					\nearrow		1	//	1	1/	1/	1	1	1	1,	//
check	Source of drug		pm	Χ,	//	1/			1/			//				1/					\nearrow		1	//	1	//	1	1	1	1	1,	//
	<u> </u>			1	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 2	1 2	22 23	2	4 25	26	5 27	7 28	8 2	9 3	0 31
		time(s) a day	am	1	//	1/	1/		1/			1				1/							1	//	1	//	1	1	1	1	1,	1
		tablet(s)each time	am	/	//	1/	1/		1/			1				1/					\nearrow		/	//	1	//	1	1	1	1	1,	//
prepare			pm	/	//	1/	1/		1/			1/				1/		1			\nearrow		/	//	1	1	1/	1	1	1	1,	//
check	Source of drug		pm	/		1/	1/		1/			1/				1/		1/		$\overline{/}$	\nearrow		1	//	1	1/	1/	1	1	1	1,	//
				1	2 3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 2	1 2	22 23	2	4 25	26	5 27	7 28	8 29	9 3	0 31
		time(s) a day	am		//	1/	1/		1/			1/			/	1/							1	//	1	1	1/	1	1	1	1,	1
		tablet(s)each time	am	/		1/	1/		1/			1/	1			1/	//	1/		$\overline{/}$			Τ,	//	1	1/	1/	1	1	1	Τ,	//
prepare			pm	\nearrow		1/	1		1/		/	1			/	1		1		\nearrow	$\overline{/}$		Χ,	//	1	//	1	1	1	1	1	//
check	Source of drug		pm	/		1/	1/		1	/		//	//			1		//		\nearrow		\mathcal{I}	Τ,	//	1	//	1	1	1	1	1	//
	Signature for drug giving record Signed = drug taken; H = returned home; A = admitted to hospital; R = refuse to use one or more drugs; O = others Note: For "R" or "O", please inform the nurses / health workers for follow-up and it should be recorded properly. Date of prescription = the date on which the drug has been prescribed for use for the first time.		am																				\top		\perp		+	+	\top	\top	\top	
			am					_																	+		+	+	+	+	+	+
			am					\vdash																	+	+	+	+	+	+	+	+
			pm	1		1		 	1			1								+	\exists		-		+		+	+	+	+	+	+
			pm	+		1			1						\vdash		\vdash			1	\dashv		+		+		+	+	+	+	十	+
			pm	1		1		\vdash																	+		+	+	+	+	+	+
			F					Щ	<u> </u>		<u> </u>	<u> </u>			<u> </u>										丄		Т_	Щ	Ш	Щ	丄	Ш_