Chart·Rite®

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**INSTRUCTIONS:**
a. Put initial in appropriate box when medication given.
b. Circle initials when medication refused.
c. State reason for refusal on Nurse's Medication Notes.
d. PRN Med: Reason given and results should be noted on Nurse's Medication Notes..

**CHARTING CODES:**
A - Charted in error
B - Patient refused
C - Patient out of facility
D - Drug not given. Indicate reason in Nurse's Medication Notes.
E - See Nurse's Medication Notes.
F - Patient did not retain medication
G - Effective
H - Ineffective
I - Hospital
J - Leave of absence

| Initials | Nurse's Signature | Initials | Nurse's Signature | Initials | Nurse's Signature |
|---|---|---|---|---|---|
| Initials | Nurse's Signature | Initials | Nurse's Signature | Initials | Nurse's Signature |
| Initials | Nurse's Signature | Initials | Nurse's Signature | Initials | Nurse's Signature |

| DATE | 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 | DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Temperature/ Pulse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Temperature/ Pulse |
| Blood Pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Blood Pressure |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## NURSE'S MEDICATION NOTES

**PATCH SITE/ INJECTION SITE CODES:**
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

| Date / Hour | Medication / Dosage | Reason | Results / Response | Hour / Initials |
|---|---|---|---|---|
| | | | | |


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|---|---|---|---|---|---|
| Initials | Nurse's Signature | Initials | Nurse's Signature | Initials | Nurse's Signature |
| Initials | Nurse's Signature | Initials | Nurse's Signature | Initials | Nurse's Signature |

| DATE | 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 | DATE |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| Blood Pressure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Blood Pressure |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | | | | |


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