INSTRUCTIONS FOR:

CHART SIDE	NOTES SIDE
1. INITIAL APPROPRIATE BOX WHEN MEDICATION GIVEN.	3. STATE REASON FOR REFUSAL OF MEDICATION
2. CIRCLE INITIALS WHEN MEDICATION REFUSAL	4. STATE REASON AND RESULT FOR PRN MEDICATIONS
	5. INDICATE INJECTION SITE (CODE)

INJECTION SITE CODES

1	RIGHT DORSAL GLUTEUS	5	RIGHT LATERAL THIGH	9	RIGHT UPPER ARM
2	LEFT DORSAL GLUTEUS	6	LEFT LATERAL THIGH	10	LEFT UPPER ARM
3	RIGHT VENTRAL GLUTEUS	7	RIGHT DELTOID	11	RIGHT ANTERIOR THIGH
4	LEFT VENTRAL GLUTEUS	8	LEFT DELTOID	12	LEFT ANTERIOR THIGH

INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE

NURSE'S MEDICATION NOTES

DATE	TIME GIVEN	MEDICATION & DOSAGE	CODE	REASON	NURSE'S INITIALS	RESULTS OR RESPONSE	TIME NOTED	NURSE'S GIVEN