



Facilities:  
 Ascension St. Vincent's Riverside  
 Ascension St. Vincent's Southside  
 Ascension St. Vincent's Clay County  
 Ascension St. Vincent's St. John's County

Patient Label

**24 HOUR MEDICATION ADMINISTRATION RECORD**

Administration Period: \_\_\_\_\_

MAR reviewed by: \_\_\_\_\_

SCHEDULED MEDICATIONS	Date Ordered	Site Code/Omitted Doses		
		0700 - 1459	1500 - 2259	2300 - 0659

Site Codes				Omitted Doses		
LA - arm	LEFT	RA - arm	RIGHT	OTHER	A - NPO - diagnostic	F - pt. absent
LL - leg	LAB - abdomen	RAB - abdomen	RAB - abdomen	GT - Gastrostomy	B - NPO surgery	G - see notes
LD - deltoid	LUQ - upper quad	RL - leg	RUQ - upper quad	JT - Jejunostomy	C - pt. refused	
LG - gluteus	LLQ - lower quad	RD - deltoid	RLQ - lower quad	NG - Nasogastric	D - nausea	
		RG - gluteus		NA - not applicable	E - hold dose	

Initials	Signature	Initials	Signature

Diagnosis: \_\_\_\_\_ Admit Date: \_\_\_\_\_  
 Ht (in) (cm) Wt (lb) (kg) BSA: \_\_\_\_\_ DOB: \_\_\_\_\_

Comments:  
**ALLERGIES:**

**24 HOUR MEDICATION ADMINISTRATION RECORD**

Form Rev 5/2024

M-180



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