PHARMScript

ROUTINE MEDICATIONS

See Reverse Side For Verifying Signatures

Key for Omission Recording:
S - Self Medication L - LOA N-NPO
R - Refused* O - Other* H - Held*
(*Refer to Facility Policy)

PRN EFFECTIVENESS
E - Effective N - Nurse Notes

INJECTION SITE:
1. Thigh Left (Quadricep)
2. Thigh Right (Quadricep)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen RUQ
6. Abdomen RLQ
7. Abdomen LUQ
8. Abdomen LLQ
9. Buttocks (Gluteus) Left
10. Buttocks (Gluteus) Right

PATCH SITE:
6. Abdomen RLQ
7. Abdomen LUQ
8. Abdomen LLQ
9. Buttocks (Gluteus) L...
10. Buttocks (Gluteus) Right
15. Arm Left
16. Arm Right
17. Ear, behind Left
18. Ear, behind Right

Order Date		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
D/C Date																																	
Order Date		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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D/C Date																																	

CH111-ROUTINE

Doctor: **Diagnosis:** **Allergies:**

Sex: DOB: Diet:

Patient: MR: Room/Bed: Month/Year:

Date	Time	Initial	Comments

Date	Time	Initial	Comments

PAIN ASSESSMENT TOOL FOR RESIDENTS WITH COMMUNICATION BARRIERS/DEMENTIA

Wong-Baker FACES Pain Rating Scale

	0	1	2	3	4	5
	NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST
Alternate Coding	0	2	4	6	8	10

INITIALS	FULL SIGNATURE	TITLE	INITIALS	FULL SIGNATURE	TITLE	INITIALS	FULL SIGNATURE	TITLE