Medication Administration Record - 28 days

Patient name: _____ Period from: _____ to: _____

FICTIONAL MEDICATION EXAMPLE - DOSE-ONLY SIGNING BOXES

Medication / directions	Round	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
Alendronic acid 70mg tablets Take ONE in the morning ONCE a week	0730	1							1							1							1						
Estradiol 1mg tablets Take ONE daily. Do not chew.	0800	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Fexofenadine 120mg tablets Take ONE tablet twice daily	0800	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2000	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diprobase Advanced Eczema cream Apply to the affected area when required Four blank rows per day: record time and dose in each used box.	PRN																												
Paracetamol 500mg tablets Take ONE or TWO tablets up to FOUR times a day when required Four blank rows per day: record time and dose in each used box.	PRN																												

Scheduled medicines: the intended dose is printed in each due box; sign or initial after administration. Grey boxes: not scheduled.

PRN medicines: use up to four blank rows per day and record both the actual administration time and dose used.