ATTACHMENT E

Indicate Site With Appropriate Number

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

SOLUTIONS

Routine Medication	Order Date	Freq	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
Routine Medication	Order Date	Freq	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

DOCTOR

RESIDENT'S NAME

◀ DIET

◀ ALLERGIES

◀ DIAGNOSIS

◀ FACILITY

Nurse's Medication Notes

See Below for Verifying Signatures.

Instructions:

A. SUGGESTED REFUSED/WITHHELD MEDICATION EXPLAINED IN NURSES MEDICATION NOTES.

B. WHEN PRN MEDICATIONS ARE GIVEN, EXPLAIN IN NURSES MEDICATION NOTES.

Indicate Site With Appropriate Number:

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	Time	Initial	Drug – Strength – Dose	Site (Non-Oral)	Reason	Result	Observ. Init.

Date	Time	Initial	Drug – Strength – Dose	Site (Non-Oral)	Reason	Result	Observ. Init.

INIT.	FULL SIGNATURE AND TITLE	INIT.	FULL SIGNATURE AND TITLE	INIT.	FULL SIGNATURE AND TITLE	INIT.	FULL SIGNATURE AND TITLE

See Reverse Side for Verifying Signatures

		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
VITAL SIGNS	TEMPERATURE																															
	PULSE																															
	RESPIRATION																															
	B/P																															
	B/P																															
WEIGHT																																
INTAKE/OUTPUT	11-7 INTAKE																															
	11-7 OUTPUT																															
	7-3 INTAKE																															
	7-3 OUTPUT																															
	3-11 INTAKE																															
	3-11 OUTPUT																															
	TOTALS INTAKE																															
	TOTALS OUTPUT																															
LABORATORY	URINE TEST: SUGAR/ACETONE																															
	URINE TEST: SUGAR/ACETONE																															
	BLOOD SUGAR																															
	BLOOD SUGAR																															
BOWEL	DEFECATION																															
	ENEMA: SS/PHOS./OIL																															
	IMPACTION REMOVAL																															
OXYGEN	____L/M 11-7																															
	____L/M 7-3																															
	FREQ. 3-11																															

	HR. GIVEN	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

ZELLMED SOLUTIONS

11/01/2007 THRU 11/30/2007

Result
E EFFECTIVE
I INEFFECTIVE
N SEE NURSE'S NOTES
A ADVERSE REACTION (DESCRIBE IN NURSE'S NOTES)

| PRN Medication | Order Date | | |