REORDER FROM: INTEGRAL SOLUTIONS GROUP 1-800-235-0767 STOCK NO. M-59-506559

Medications	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
		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
		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
		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
		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
		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
		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
		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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		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

Physician	Telephone No.	Diagnosis	Store Name

Resident/Patient/Client	Room	Bed	Patient Code	Admin. Date	Sex	Date of Birth	Allergies	Charting For/Through	Page No.

VITAL SIGNS	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
TEMPERATURE																															
PULSE																															
RESPIRATION																															
BLOOD PRESSURE																															
WEIGHT																															

DAY SHIFT color ink -

EVENING SHIFT color ink -

NIGHT SHIFT color ink -

DATE	TIME	INIT.	DRUG - STRENGTH - DOSE	INJ. SITE	REASON	RESULTS	DATE	TIME	INIT.	DRUG - STRENGTH - DOSE	INJ. SITE	REASON	RESULTS

INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE	INITIALS	SIGNATURE & TITLE

INSTRUCTIONS:

A. INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
B. CIRCLE INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
C. INDICATE INJECTION SITE WITH APPROPRIATE CODE.
D. STATE REASON FOR REFUSAL UNDER MEDICATION NOTES.
E. STATE REASON AND RESULT FOR PRN MEDICATION OR TREATMENT.

INJECTION SITE CODES:

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 LEVEL OF 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