REORDER FROM: INTEGRAL SOLUTIONS GROUP 1-800-235-0767 STOCK # 506570 M75 217299

	HOUR

DIAG-
NOSIS

ALLERGIES

RESIDENT	BIRTH DATE	UNIT	PHYSICIAN

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	5. RIGHT LATERAL THIGH	9. RIGHT UPPER ARM	13. UPPER BACK LEFT	17. TO RIGHT AND ABOVE LEVEL OF UMBILICUS
2. LEFT DORSAL GLUTEUS	6. LEFT LATERAL THIGH	10. LEFT UPPER ARM	14. UPPER BACK RIGHT	18. TO LEFT AND ABOVE LEVEL OF UMBILICUS
3. RIGHT VENTRAL GLUTEUS	7. RIGHT DELTOID	11. RIGHT ANTERIOR THIGH	15. UPPER CHEST LEFT	19. TO RIGHT AND BELOW LEVEL OF UMBILICUS
4. LEFT VENTRAL GLUTEUS	8. LEFT DELTOID	12. LEFT ANTERIOR THIGH	16. UPPER CHEST RIGHT	20. TO LEFT AND BELOW LEVEL OF UMBILICUS