Date	Time	Initials	Medication	Route of Medication	Reason	Result	Time	Initials

Day	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

	Initials	STAFF'S SIGNATURE		Initials	STAFF'S SIGNATURE
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

R–Refused **H**–Held at Doctor's Request **A**–Individual Out of Facility **W**–Individual at Work **DC**–Discontinue **S**–Staff Error