INH082900R

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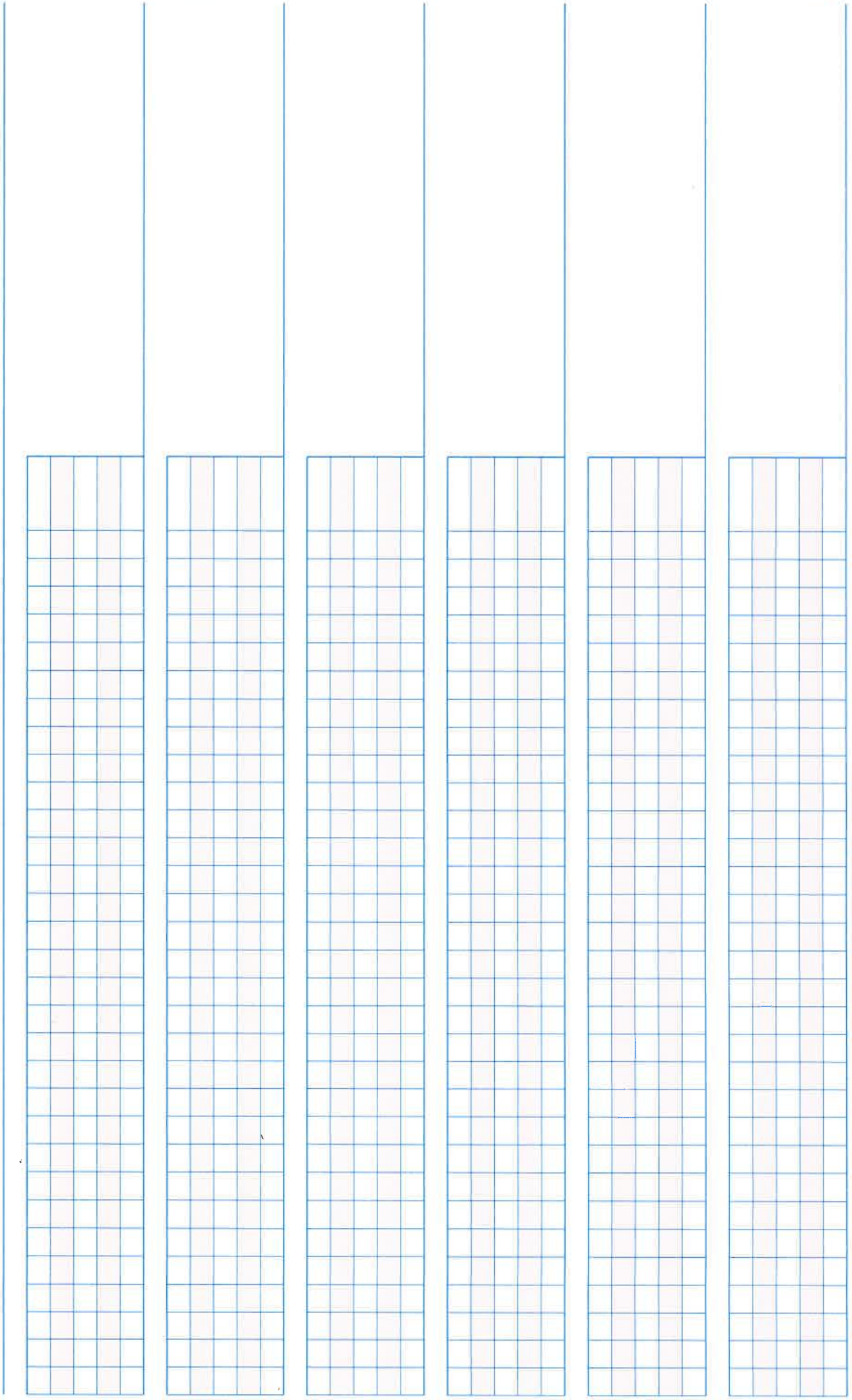
Form # MP2051L (Rev. 04/10)



SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.
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DATE	MEDICATION/TREATMENT STRENGTH AND ROUTE OF ADMINISTRATION	HOUR OF ADMIN.	REASON	RESULTS	TIME NOTED	ADMINISTERED BY	NURSE'S SIGNATURE	SITE CODE
SITE CODE	NURSE'S SIGNATURE	ADMINISTERED BY	TIME NOTED	RESULTS	REASON	HOUR OF ADMIN.	MEDICATION/TREATMENT STRENGTH AND ROUTE OF ADMINISTRATION	DATE

INSTRUCTIONS:

a. Put initial in appropriate box when medication or treatment is given.
b. Circle initials when medication or treatment is refused.
c. State reason for refusal on nurse's notes.
d. PRN medications or treatment: Reason given and results should be noted on Nurse's Notes.
e. State progress of condition for which treatment is given.

PATCH SITE/ 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

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