

Cson, Chris
DOB: 04/01/19XX 50F

MA0000219754 / MU00034373
CMC Training TCMTRNR03-99 ADM IN

Allergy/AdvReac: No Known Allergies

Medication Administration Record - Current Medications

No.	Current Order	Pri	Date	Time	Status	Stop/Renew	Provider	Link
+ Nursing (54)								
- Medications (17) Sorted by: None								
45	Acetaminophen Iv 1gm... IVPB q6h PRN PAIN, Moderate (4-...			0900	PHA Unver.		*	
46	Ceftriaxone Inj (Roc... in Sodium ... 1 GRAM IVP			0900	Once		*	
47	Ceftriaxone Inj (Roc... in Sodium ... 1 GRAM IVPB q12hr			0900	PHA Unver.		*	
48	Lactated Ringer's So... IV 80 MLS/HR			0900	PHA Unver.		*	
49	Levofloxacin 500mg/1... IVPB q24hr			0900	PHA Unver.		*	
50	Furosemide Inj (Lasix Inj) 40 MG IVP daily			0900	PHA Unver.		*	
51	Metoclopramide Soln (Reglan Soln) 10 MG PO q6hr			0700	PHA Unver.		*	
52	morphine Inj (morphine Inj) 4 MG IVP q4h PRN PAIN, Severe (7-10...			0900	PHA Unver.		*	
53	Ondansetron Inj (Zofran Inj) 4 MG IVP q6hr PRN NAUSEA/VOMITING.			0900	PHA Unver.		*	
54	Ondansetron Soln (Zofran Soln) 4 MG PO q8hr PRN NAUSEA/VOMITING.			0900	PHA Unver.		*	
55	Sodium Chloride 0.9%... IV 80 MLS/HR			0900	PHA Unver.		*	
56	Acetaminophen ER (Tylenol ER) 1,300 MG PO q8hr PRN TEMPERATURE Above ...			0900	PHA Unver.		*	
57	cefTRIAxone Inj (Rocephin Inj) 1 GRAM IM once ONE			0900	Once		*	
58	Dextrose 50% 12.5-25 GRAM IVP as directed PRN Blood Glucos... Protocol			0700	PHA Unver.		*	
59	Enoxaparin Inj (Lovenox Inj) 40 MG SUBCUT daily@08			0800	PHA Unver.		*	
60	Furosemide Inj (Lasix Inj) 20 MG IVP daily			0900	PHA Unver.		*	
61	Glucagon Inj (GlucaGen Inj) 1 MG IM as directed PRN See Label Comment			0700	PHA Unver.		*	
62	Influenza Quad Vac (Age 3+yrs) (Fl... 0.5 ML IM .once ONE			0900	Once		*	
63	Insulin Lispro (HumaLOG\Aadmelog) 2-10 UNIT SUBCUT as directed PRN SEE PROTOCOL... Protocol			0700	PHA Unver.		*	
64	Lidocaine 1% Inj (Xylocaine 1% Inj) 2.1 ML MISC once ONE			1445	Once		*	
65	Metoclopramide (Reglan) 10 MG PO achs			0700	PHA Unver.		*	
66	Metoprolol Tartrate (Lopressor) 25 MG PO bid			0800	PHA Unver.		*	
67	morphine Inj (morphine Inj) 4 MG IM q4h PRN PAIN, Severe (7-10...			0900	PHA Unver.		*	
68	Ondansetron ODT (Zofran ODT) 4 MG PO q6hr PRN NAUSEA/VOMITING.			0900	PHA Unver.		*	
69	Pneumococcal 23-Valent Polysac (Pn... 0.5 ML I.M. .once ONE			0900	Once		*	
70	Sodium Chloride 0.9% Flush (Normal... (10ml syringe) re... FLUSH .per protocol			0900	PHA Unver.		*	
71	Tdap Vacc PF (Age 7+)(Boostrix) (Bo... 0.5 ML I.M. .once ONE			0900	Once		*	

- Status Board
- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
- Manage Cond Lists
- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
- Discharge
- Exit PCS

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Start Stop Current Status	Medication	Dose	Next Sched	History	Assoc
		Route	Ack/View Ord	Monograph	Asmnt
		Frequency	Adjustment	Co-sign	Ref Err
Today's Date	Rx U00014111 Tylenol ER Acetaminophen ER 650 mg Tab	1,300 MG < 2 Tablet, ExtendedReleas eS >	UNV		▶
		PO	ACK - NEW	▶	▶
Unverified		Q8HR PRN TEMPERATU RE Above 101 F.			
<div style="border: 1px solid black; padding: 5px;"> Label Comments Do not crush, split or chew Adult Max Acetaminophen: 4000 mg per 24 hrs (from all sources) Pediatric Max Acetaminophen: 75 mg/kg per 24 hrs (NOT to exceed 4000 mg / 24hrs) </div>					
Today's Date	Rx U00014110 Zofran ODT Ondansetron 4 mg Orally-Disintegrating Tab	4 MG < 1 OrallyDissolving Tablet >	UNV		
		PO	ACK - NEW	▶	
Unverified		Q6HR PRN NAUSEA/VO MITING.			
<div style="border: 1px solid black; padding: 5px;"> Label Comments Peel backing off the blister, do not push tablet through. Using dry hands, place tablet on tongue and allow to dissolve. Swallow with saliva. </div>					
Today's Date	Rx U00014122 Reglan Soln Metoclopramide Soln (1 mg/mL) 10 mL Unit Dose	10 MG < 10 ML >	UNV		▶
		PO	ACK - NEW	▶	
Unverified		Q6HR			
<div style="border: 1px solid black; padding: 5px;"> Label Comments Black box warning **For Waste:Place Partial in sealed bag,Return to Pharmacy** </div>					
Today's Date	Rx U00014123 Zofran Soln Ondansetron Soln (0.8 mg/mL) 5 mL Unit Dose	4 MG < 5 ML >	UNV		
		PO	ACK - NEW	▶	
Unverified		Q8HR PRN NAUSEA/VO MITING.			

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- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
- Manage Cond Lists
- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
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		Route Frequency	Ack/View Ord Adjustment	Monograph Co-sign	Asmnt Ref Err
Today's Date Unverified	Rx U00014112 Reglan Metoclopramide 10 mg Tab	10 MG < 1 Tablet >			
		PO ACHS	ACK - NEW		
<input type="checkbox"/> Label Comments Black box warning					
Today's Date Unverified	Rx U00014109 Lopressor Metoprolol Tartrate 25 mg Tab	25 MG < 1 Tablet >			
		PO BID	ACK - NEW Freq/time adj		
Today's Date Unverified	Rx U00014104 Lovenox Inj Enoxaparin Inj 40 mg/0.4 mL Syringe	40 MG < 0.4 ML >			
		SUBCUT DAILY@08	ACK - NEW		
<input type="checkbox"/> Label Comments **Do not expel air from syringe prior to SQ injection. **Do not rub site after injection NOTE: Call physician if platelets less than 100,000 or decreases to less than 50% of baseline value. **Black box warning					
Today's Date Unverified	Rx U00014101 Boostrix Vaccine PF (Age 7+ yrs) Tetanus+Diphtheria+Pertussis(Boostrix) Vac PF(Ages 7+ yrs) 0.5 mL Vial	0.5 ML < 1 Vial >			
		I.M. ONCE ONCE	ACK - NEW		
<input type="checkbox"/> Label Comments Diphtheria 2.5 If units, tetanus 5 If units, and acellular pertussis antigens					
Today's Date Unverified	Rx U00014103 Pneumovax 23 Vaccine Pneumococcal 23-Valent Polysaccharide Vaccine (Ages 2+ yrs) 0.5 mL Vial	0.5 ML < 1 Vial >			
		I.M. ONCE ONCE	ACK - NEW		
Today's Date Unverified	Rx U00014102 Fluarix Quadrivalent (Age 3+ yrs) Influenza Vaccine 2014-15 (Fluarix Quad: Age 3+yrs) 0.5 mL Syringe (TEXAS)	0.5 ML < 1 Syringe >			
		IM ONCE ONCE	ACK - NEW		

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- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
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- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
- Discharge
- Exit PCS

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		Route	Ack/View Ord	Monograph	Asmnt
		Frequency	Adjustment	Co-sign	Ref Err
Today's Date	Rx U00014106 HumaLOG\Admelog Insulin Lispro 1 unit/0.01 mL	(See Protocol)	UNV		
Unverified		SUBCUT	ACK - NEW		
		AS DIRECTED PRN SEE PROTOCOL.		Co-sign	

Label Comments

INSULIN Category: RAPID Acting. Give within 15 mins before or immediately after a meal. Based on Blood Glucose Monitoring

Dose Instructions

Dose Range: 2 - 10 UNIT

Protocol

Condition	Dose/Route	Instruction
Blood Sugar	Insulin Coverage	
Less than 50	See Hypoglycemia Protocol	Notify MD
50-69	See Hypoglycemia Protocol	
70-149	0 units	
150-200	2 units	
201-250	4 units	
251-300	6 units	
301-350	8 units	
351-450	10 units	Notify MD

More ...

Start Stop Current Status	Medication	Dose	Next Sched	History	Assoc
		Route	Ack/View Ord	Monograph	Asmnt
		Frequency	Adjustment	Co-sign	Ref Err
Today's Date	Rx U00014108 Glucagen Inj Glucagon Inj 1 mg Vial	1 MG < 1 Vial >	UNV		
Unverified		IM	ACK - NEW		
		AS DIRECTED PRN See Label Comment			

Label Comments

If patient is unresponsive or unable to take juice and IV access is unavailable (For IV Dextrose) Repeat blood glucose in 15 mins. If blood glucose is still less than 70 mg/dL, repeat treatment and notify physician. Reconstitute with 1 mL sterile water for injection (or with supplied sterile diluent if applicable)

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- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
- Manage Cond Lists
- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
- Discharge
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		Route	Ack/View Ord	Monograph	Asmnt												
		Frequency	Adjustment	Co-sign	Ref Err												
Today's Date	Rx U00014107 Dextrose 50% (25 gm/50 mL) Syringe Dextrose 50% (25 gm/50 mL) Syringe	(See Protocol)	UNV														
Unverified		IVP	ACK - NEW														
		AS DIRECTED PRN Blood Glucose below 70															
Dose Instructions Dose Range: 12.5 - 25 GRAM																	
Protocol <table border="1"> <thead> <tr> <th>Condition</th> <th>Dose/Route</th> <th>Instruction</th> </tr> </thead> <tbody> <tr> <td>Blood Glucose</td> <td>Treatment</td> <td></td> </tr> <tr> <td>Less than 50</td> <td>1 amp (25 gram)</td> <td></td> </tr> <tr> <td>50 - 69</td> <td>1/2 amp (12.5 gram)</td> <td>If not awake & unable to drink</td> </tr> </tbody> </table> <p>Text</p> <p>Do NOT administer Dextrose 50% amp if patient is awake and able to drink. Give 4 ounces of juice instead (do not use orange juice for renal patients), or 4 ounces of water with 4 packets of sugar added.</p> <p>If patient unable to eat: administer D50 and recheck blood glucose in 15 min. If blood glucose still < 70 mg/dL, repeat treatment and notify physician.</p>						Condition	Dose/Route	Instruction	Blood Glucose	Treatment		Less than 50	1 amp (25 gram)		50 - 69	1/2 amp (12.5 gram)	If not awake & unable to drink
Condition	Dose/Route	Instruction															
Blood Glucose	Treatment																
Less than 50	1 amp (25 gram)																
50 - 69	1/2 amp (12.5 gram)	If not awake & unable to drink															
Today's Date	Rx U00014105 morphine Inj morphine Inj 4 mg/1 mL Vial	4 MG < 1 ML >	UNV														
Unverified		IM	ACK - NEW														
		Q4H PRN PAIN, Severe (7-10).															

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- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
- Manage Cond Lists
- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
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		Route	Ack/View Ord	Monograph	Asmnt
		Frequency	Adjustment	Co-sign	Ref Err
Today's Date Unverified	Rx U00014100 Xylocaine 1% Inj Lidocaine 1% Inj 20 mL Vial	2.1 ML < 0.105 VialS >			
		MISC	ACK - NEW		
		ONCE			
Label Comments Use 2.1 mL to dilute Ceftriaxone 1 gram vial, for final concentration of 350 mg/mL					
Today's Date Unverified	Rx U00014099 Rocephin Inj cefTRIAxone Inj 1 gm Vial	1 GRAM < 1 Vial >			
		IM	ACK - NEW		
		ONCE			
Label Comments cefTRIAxone is INCOMPATIBLE with calcium-containing IV's, this includes Lactated Ringer (LR). These solutions can be used sequentially in patients other than neonates if the infusion lines are flushed with a compatible fluid between cefTRIAxone and calcium-containing solution.					
Today's Date Unverified	Rx U00014113 Normal Saline 1,000 ml Sodium Chloride 0.9% 1,000 ml	80 MLS/HR			
		IV	ACK - NEW		
		Q12H30M			
Today's Date Unverified	Rx U00014114 Normal Saline Flush Sodium Chloride 0.9% 10 mL Flush	(See Dose Instructions)	UNV		
		FLUSH	ACK - NEW		
		Per Protocol			
Dose Instructions (10ml syringe) refer to guidelines					
Today's Date Unverified	Rx U00014116 Lr 1,000 ml Lactated Ringer's Solution 1,000 ml	80 MLS/HR			
		IV	ACK - NEW		
		Q12H30M			
Today's Date Unverified	Rx U00012503 Dextrose 5%+Sodium Chloride 0.45% 1,000 ml D5+1/2Ns 1,000 ml	80 MLS/HR	UNV		
		IV	ACK - NEW		
		Q24H			

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- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
- Manage Cond Lists
- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
- Discharge
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		Route	Ack/View Ord	Monograph	Asmnt
		Frequency	Adjustment	Co-sign	Ref Err
Today's Date Unverified	Rx U00014119 morphine Inj morphine Inj 4 mg/1 mL Vial	4 MG < 1 ML >	UNV		
		IVP	ACK - NEW		
		Q4H PRN PAIN, Severe (7-10).			
Today's Date Unverified	Rx U00014118 Zofran Inj Ondansetron Inj 4 mg/2 mL	4 MG < 2 ML >	UNV		
		IVP	ACK - NEW		
		Q6HR PRN NAUSEA/VO MITING.			
Today's Date Unverified	Rx U00014115 Lasix Inj Furosemide Inj 20 mg/2 mL Vial	20 MG < 2 ML >	UNV		
		IVP	ACK - NEW		
		DAILY			
Today's Date Unverified	Rx U00014117 Lasix Inj Furosemide Inj 40 mg/4 mL Vial	40 MG < 4 ML >	UNV		
		IVP	ACK - NEW		
		DAILY			
Today's Date	Rx U00012551 Rocephin Inj 1 Gram in Normal Saline 10 ml cefTRIAxone Inj 1 Gram in Sodium Chloride 0.9% 10 ml	As Directed 0 MLS/HR (See Protocol)	UNV		
		IVP	ACK - NEW		
		Q24HR			
<p>Label Comments</p> <p>cefTRIAxone is INCOMPATIBLE with calcium-containing IV's, this includes Lactated Ringer (LR). These solutions can be used sequentially in patients other than neonates if the infusion lines are flushed with a compatible fluid between cefTRIAxone and calcium-containing solution.</p> <p>Protocol</p> <p>Text IVP over 2-4 minutes</p>					

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- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
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- Special Panel
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- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
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		Frequency	Adjustment	Co-sign	Ref Err
Today's Date	Rx U00014120 Ofirmev IV 1gm/100mL 100 ml Acetaminophen IV 1gm/100mL 100 ml	400 MLS/HR	UNV		▶
Unverified		IVPB	ACK - NEW	▶	▶
		Q6H PRN PAIN, Moderate (4-6).			
<input type="checkbox"/> Label Comments Adult Max Acetaminophen: 4000 mg per 24 hrs (from all sources)					
Today's Date	Rx U00014121 Levaquin 500mg/100mL IVPB 100 ml levoFLOxacin 500mg/100mL IVPB 100 ml	100 MLS/HR	UNV		▶
Unverified		IVPB	ACK - NEW	▶	
		Q24HR			
<input type="checkbox"/> Label Comments Black box warning					
Today's Date	Rx U00014125 Rocephin Inj 1 Gram in Normal Saline 10 ml cefTRIAXone Inj 1 Gram in Sodium Chloride 0.9% 10 ml	100 MLS/HR	UNV		▶
Unverified		IVPB	ACK - NEW	▶	
		Q12HR			
<input type="checkbox"/> Label Comments cefTRIAXone is INCOMPATIBLE with calcium-containing IV's, this includes Lactated Ringer (LR). These solutions can be used sequentially in patients other than neonates if the infusion lines are flushed with a compatible fluid between cefTRIAXone and calcium-containing solution.					
<input type="checkbox"/> Components					

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- Interventions
- Outcomes
- eMAR
- IV Spreadsheet
- Transfusions
- Manage Cond Lists
- Special Panel
- Assign Care Providers
- Notes
- Process Plans
- Schedule
- EMR
- Orders
- Allergies
- Physician Doc
- Oncology
- Reconcile Meds
- Patient Instructions
- Pt Ed
- Discharge
- Exit PCS