OKLAHOMA DEPARTMENT OF CORRECTIONS
MEDICATION ADMINISTRATION RECORD

Effective Dates	MEDICATION	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
Original Order																																	
Discontinue																																	
Original Order																																	
Discontinue																																	
Original Order																																	
Discontinue																																	
Original Order																																	
Discontinue																																	
Original Order																																	
Discontinue																																	

Initial	Signature	Initial	Signature	Initial	Signature

LOCATION	DATE OF BIRTH OR SOC.SEC. NO	ALLERGIES		DIAGNOSIS
INMATE NAME AND ODOC NUMBER		FACILITY	CHARTING FOR	THROUGH

MEDICATION NOTES

Instructions:	Injection Site Codes:			Result Codes:	Non Administered Reason Codes:
* INITIAL APPROPRIATE BOX WHEN MEDICATION OR TREATMENT GIVEN * CIRCLE INITIALS WHEN MEDICATION OR TREATMENT REFUSED * STATE REASON FOR REFUSAL UNDER MEDICATION NOTES * STATE REASON AND RESULTS FOR PRN MEDICATION OR TREATMENT * INDICATE INJECTION SITE WITH APPROPRIATE CODE	1. ABDOMEN LEFT 2. ABDOMEN RIGHT 3. ARM (DELTOID) LEFT 4. ARM (DELTOID) RIGHT	5. BUTTOCKS (GLETEUS) LEFT 6. BUTTOCKS (GLETEUS) RIGHT 7. THIGH (QUADRICEPS) LEFT 8. THIGH (QUADRICEPS) RIGHT	9. UPPER BACK LEFT 10. UPPER BACK RIGHT 11. UPPER CHEST LEFT 12. UPPER CHEST RIGHT	A. EFFECTIVE B. SLIGHTLY EFFECTIVE C. INEFFECTIVE D. NO EFFECT OBSERVED	1. REFUSED BY INMATE 2. INMATE DID NOT SHOW 3. INMATE NOT IN CELL 4. SECURITY LOCKDOWN 5. MEDICATION HELD (STATE REASON) 6. MEDICATION OUT OF STOCK

Date	Time	Int.	Medication-Dose	Route	Reason	Results	Date	Time	Int.	Medication-Dose	Route	Reason	Results