MEDICATION RECORD

**Patient name: Age: Sex: Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Nurse Role** | **Side effect** | **Action** | **Time** | **Route** | **Dose** | **Medication name** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**NURSING RECORD**

**Patient name: Age: years. GA: weeks.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation** | **Nursing intervention** | **Client's goal** | **Client need and / or problem** | **Date / Time** |
|  |  |  |  |  |

**NURSING RECORD**

**Patient name: Age: years. Post partum: Hrs/Days**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Evaluation** | **Nursing intervention** | **Client's goal** | **Client need and / or problem** | **Date / Time** |
|  |  |  |  |  |