PRN/STAT/SINGLE DOSE FORM

Allergies:

Start Date	Time	Initials	PRN/STAT/SINGLE DOSE ORDERS	End Date	Time	Initials

Date	Hour	Initials	Site*	Medication	Reason	Hour	Initials	Sedation†	Results (Include nurse's evaluation & client's response)

Initials	Nurse's Signature	Initials	Nurse's Signature	Consent	Date
				Anti-anxiety	
				Anti-psychotic	
				Anti-depressant	
				Anti-manic	
				Other:	

Stamp Plate

*** INJECTION SITE CODE**

1. Buttock (Gluteus) Left
2. Buttock (Gluteus) Right
3. Arm (Deltoid) Left
4. Arm (Deltoid) Right
5. Thigh (Quadriceps) Left
6. Thigh (Quadriceps) Right
7. Iliac Crest Left
8. Iliac Crest Right
9. Other (Specify)

† SEDATION LEVEL CODE

1 = Awake & Alert S = Sleep
2 = Occasionally Drowsy; Easy to Arouse
3 = Frequently drowsy; arousable; drifts off to sleep
4 = Somnolent; minimal or no response to stimuli.
If opioid induced, hold and contact physician immediately.