

MEDICATION	HOUR																				

<p><b>INJECTION SITE NUMBERS</b></p> <ul style="list-style-type: none"> <li>1. Buttocks (Gluteus) Left</li> <li>2. Buttocks (Gluteus) Right</li> <li>3. Arm (Deltoid) Left</li> <li>4. Arm (Deltoid) Right</li> <li>5. Thigh (Quadriceps) Left</li> <li>6. Thigh (Quadriceps) Right</li> </ul>	ADMIT DATE	BIRTHDATE	NURSING ALERTS										L.O.C.			
	PHYSICIAN NAME				PHYSICIAN PHONE				ALT. PHYSICIAN NAME				ALT. PHYSICIAN PHONE			
	DIAGNOSIS										ALLERGIES					
	BILLING STATUS					PATIENT NO.		STA	ROOM	BED	SEX	PATIENT NAME				PAGE

