



**HOLY CROSS HOSPITAL
MEDICATION ADMINISTRATION
RECORD**

NEUSTADTER, ISRAEL
03210
3127
CO. 17P
1111 UNIV BLVD WEST
SILVER SPRING MD 20902
301 849-1319

DATES GIVEN

Order Date	Re-newal Date	MEDICATION, DOSE, FREQUENCY	HR.	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
3/10		levacocain 500mg IV QD	3P	✓														
3/10		Rocephin 1 gm IV QD	1000															
3/10		Rocephin 1 gm IV QD	3P	✓														
3/12		Heparin 5000u SQ BID	10A	✓														
			10P	✓														

ADDRESSOGRAPH BELOW

Sulfa

ALLERGIC TO _____

DATE & TYPE OF SURGERY _____

DIAGNOSIS _____

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6107-2
ROOM NAME
462-2 Neustadter
STOCK-204 (R&v. 7/99) MEDICATION ADMINISTRATION RECORD





**HOLY CROSS HOSPITAL
MEDICATION ADMINISTRATION
RECORD**

HOLY CROSS HOSPITAL
300 WEST 10TH STREET
ST. LOUIS, MO 63102
314-241-2000

DATES GIVEN

Order Date	Re-natural Date	MEDICATION, DOSE, FREQUENCY	HR.	7/12	5/12	10/12	11/12	12/12	1/13	2/13	3/13	4/13	5/13	6/13	7/13	8/13	9/13	10/13	11/13	12/13	
3/13	20	Ceftriaxone 1gm IV Q24H	10A	X																	
3/13		heparin 250mg IV Q24H	3P	X																	
3/13		Heparin 5000U SQ BID	10A	X																	
3/15		pepid 20mg IV QD	6PX	X																	
3/16		Vitamin K 10mg SQ q Monday	10A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
3/16		Hidal 5mg IV Q8H	2H																		
3/17		Lopressor 10mg IV Q8H Hold for SBP																			
3/19		Lopressor 10mg IV Q8H	4A																		
3/22		heparin 250mg IV q 12g bid	8A																		

ADDRESSOGRAPH BELOW

HOLY CROSS HOSPITAL
300 WEST 10TH STREET
ST. LOUIS, MO 63102
314-241-2000

ROOM NAME

SECOND PAGE IN USE
10/2

~~ALLERGENIC~~ SULFA

ALLERGIC TO _____

DATE & TYPE OF SURGERY _____

DIAGNOSIS _____

NEUSTAETER, ISRAEL 91Y
 03/10/03 0506900112
 3127 KAWAZ, AHMED
 CO 1/P 815510
 1111 UNIV BLVD WEST
 SILVER SPRING MD 20902


HC HOLY CROSS HOSPITAL
 PRN MEDICATION
 ADMINISTRATION RECORD

ALLERGIES Sulfas

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ALL ENTRIES MUST BE PRINTED - 1319

DATES GIVEN

Order Date	Re-nasal Date	MEDICATION - DOSE - FREQUENCY	10	11	12	13	14	15	16	17	18	19	20	21	22	23
3/10		Ativan 1 mg IV Q2-4 PRN agitation	OK	OK	OK	OK										
3/10		 NOM 30cc PO Q6° PRN														
3/10		Theradol 1/4 tabs PO Q6° PRN														
3/11		Haloper 1mg IM Q8° PRN Agitation	OK	OK	OK	OK										

MUSTER, SPATL S
 03/17/03
 00162
 15-20
 WEST
 STEVEN SARKIN MD 20902
 301-449-1319

HC HOLY CROSS HOSPITAL
 PRN MEDICATION
 ADMINISTRATION RECORD

ALLERGIES None
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ALL ENTRIES MUST BE PRINTED

DATES GIVEN

Order Date	Re-nwal Date	MEDICATION - DOSE - FREQUENCY	3	13	14	15	16	17	18	19	20	21	22	23	24	25	26
3/13		Haldol 2mg WIM Q4 ^o Prn agitation															
3/14		Morphine 2-5mg W Q1-2 ^o prn agitation															

SINGLE ORDERS, PRE-OPERATIVE ORDERS, ETC.

Order Date	MEDICATION & DOSE	Date To Be Given	Time To Be Given	Time Given	Initial	Order Date	MEDICATION & DOSE	Date To Be Given	Time To Be Given	Time Given	Initial
3/13	KCl 10meq, 2 to run	3/13	#1	3:31	KB	3/16	KCL 10meq IV #1	3/16	2:40	2:40	KB
				2:40	KB		run x 3 hr after #2	3/16	4:00	4:00	KB
				3:50	KB		#3	3/16	4:00	4:00	KB
				4:30	KB		KCL 10meq IV #1	3/17	7:00	7:00	KB
				5:00	KB		#2				KB
				6:00	KB		#3				KB
3/13	Lasix 20mg IV x 1 dose	3/14		12:00	LA	3/18	KCl 20meq / 50cc IV	3/18	#1	9:00	KB
3/14	KCl 10meq x 2	3/14	#1	1:25	KB		all 10 x 2	2	10:00	10:00	KB
				2:00	KB	3/19	KCl 10meq 100cc IV x 3	#1	10:00	10:00	KB
3/14	NS 250cc bolus x 1 Now	3/14	3/14	2:00	KB			#2			KB
3/14	NS 250cc bolus x 1 Now	3/14	3/14	2:00	KB			#3			KB

SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL
	AS	Quilley D. B...	KB		KB
	KB	C. Bryant RN	KB		KB
	LD				

SINGLE ORDERS, PRE-OPERATIVE ORDERS, ETC.

Order Date	MEDICATION & DOSE	Date To Be Given	Time To Be Given	Time Given	Initial	Order Date	MEDICATION & DOSE	Date To Be Given	Time To Be Given	Time Given	Initial
	20 Kel 10meq x 3 over 1 hr each.		#1	8:00	11/14						
			#2	14:00	11/14						
			#3	15:00	11/14						

SIGNATURE	INITIAL	SIGNATURE	INITIAL	SIGNATURE	INITIAL
<i>[Handwritten Signature]</i>	11/14				

