

# Medication Administration Log Form Sample

**Purpose:** This medication administration log form sample is designed to efficiently track medications given to multiple patients, ensuring accurate record-keeping and compliance. It streamlines the documentation process and helps healthcare providers monitor dosing times and patient responses. Utilizing this form enhances safety and accountability in medication management.

Patient Name	Date of Birth	Room/ID #	Medication Name	Dosage	Route	Administration Details			Initials	Comments/Patient Response
						Date	Time	Signature		
John Doe	01/02/1960	101A	Lisinopril	10 mg	Oral	06/27/2024	08:00 AM	JD	JD	No adverse reactions.
Jane Smith	12/11/1947	102B	Metformin	500 mg	Oral	06/27/2024	09:00 AM	AS	AS	Patient tolerated well.
Robert Allen	05/22/1955	103C	Insulin	20 units	Subcutaneous	06/27/2024	07:30 AM	KB	KB	Blood sugar monitored.

Note: Expand rows as needed for ongoing documentation for each patient. Initials and signatures must be on file to identify medication administrators.