

# Medication Administration Log Form

This **medication administration log form** sample is designed specifically for nursing homes to ensure accurate tracking and documentation of residents' medications. It helps nursing staff maintain compliance and improve patient safety by recording administration times and dosages. Utilizing this form streamlines communication and reduces medication errors in long-term care settings.

Resident Name: \_\_\_\_\_

Room #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physician: \_\_\_\_\_

Allergies: \_\_\_\_\_

Admission Date: \_\_\_\_\_

## Medication Administration Record

Date	Medication Name	Dosage	Route	Time	Initials	Notes/Observations
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## Staff Initials Key

Staff Initials	Full Name	Signature
_____	_____	_____
_____	_____	_____