

Name: _____

Date: _____

Medication Administration

D O H M E D I C A T I O N S E C U R I T Y E Y O
 5 5 C R R E G I S T E R E D N U R S E / O S P Y
 R L D M N C R I G H T M E D I C A T I O N O M R
 O D C > L A / L B D H Z I A O O O A G E T R Z B
 T A R M E D I C A T I O N L A B E L M / B E 8 H
 A Y H U R O R R E N O I T A C I D E M G S Y Z B
 R M T P G / 8 S H 0 1 N 9 N / Z G 8 D E 5 N A F
 T U O U R A D A S C 8 N E N F 8 E 1 L R 0 C M M
 S O N H D F D > N V B H 1 I R R 9 F T 8 L F S C
 I A S O > N O M 1 Y Y I V 8 9 E M R R F D L M O
 N O S R I 0 O 5 I Y T E H F 0 E G I U S C V M L
 I Y S E Y B 0 E 8 N N H C T D M G / E U Y I L E
 M F 9 F G F 0 S S 0 S H I I N R U P M N I I P T
 D P U M 8 H O E Y R 0 T C N I O P H E P P N 1 C
 A S H > N A U V > I U A R G G N M S / D 8 Z E C
 F 1 1 E F E > E R S T N H A 0 > F A E B B M 8 V
 L 8 Y L B 9 > N H O / T M B T F 1 P E > E I A 9
 E I V Y L F N A R E P 1 G 9 A I P 5 > C Z Z 0 8
 S G P M > U D D D E O I 0 L B O O A 0 O N 9 O Z
 E E 5 U Y G M L R G U N S F R B V N 1 / 5 O Z 5
 0 Z E V B P U S H E F E Y D B C T D I A 9 A > O
 9 O V Z B Y O M 1 L Y L B R F L O N V V H 0 > P
 E P M N D N 9 Z R A M L E B A L O P 5 V V A I O
 S > Z 5 8 A U T H O R I Z E D P E R S O N S M Y

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|---------------------|--------------------|--------------------|---------------------|
| Medication Security | Authorized Persons | Self Administrator | Drug Administration |
| Anything > 150/90 | Right Medication | Medication Label | Medication Error |
| Registered Nurse | Self Medicator | Nurse on Duty | Right Person |
| Once a Month | Dropped Pill | Label Mar | 8am, 8pm |
| Maybe | Seven | False | True |
| Five | One | Yes | No |