MEDICATION RECORD

**Patient name: Age: Sex: Date:**

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| --- | --- | --- | --- | --- | --- | --- |
| **Nurse Role** | **Side effect** | **Action** | **Time** | **Route** | **Dose** | **Medication name** |
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**NURSING RECORD**

 **Patient name: Age: years. GA: weeks.**

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| **Evaluation** | **Nursing intervention** | **Client's goal** | **Client need and / or problem** | **Date / Time** |
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**NURSING RECORD**

 **Patient name: Age: years. Post partum: Hrs/Days**

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| --- | --- | --- | --- | --- |
| **Evaluation** | **Nursing intervention** | **Client's goal** | **Client need and / or problem** | **Date / Time** |
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