MEDICATION INFORMATION FORM

MEDICATION NAME: TRADE NAME: _____

GENERIC NAME: _____

CLASSIFICATION: _____

DOSE RANGE : _____ PATIENT'S DOSE _____

ROUTE : _____

USE OF MEDICATION FOR CLIENT:

EXPECTED ACTION: _____

SIDE EFFECTS: _____

ADVERSE EFFECTS: _____

CONTRAINDICATIONS: _____

NURSING ACTIONS RELATED TO THE MEDICATION:

CLIENT TEACHING RELATED TO THE MEDICATION: