ROCKHILL PHARMACY
LONG TERM CARE SERVICES

ACCUCHECK & INSULIN RECORD	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

PAGE: DATE:

Diagnosis:

Allergies:

Diet:

RESIDENT	D.O.B.	Sex	Room #	Admission Date	Medical Record Number

INSTRUCTIONS:
A - Suggest refused/withheld medication explained in Medication Notes
B - When PRN medications are given, explain in Medication Notes

Indicate Patch Site/Injection Site With Appropriate Number:
1 - Buttocks (Gluteus) Left
2 - Buttocks (Gluteus) Right
3 - Arm (Deltoid) Left
4 - Arm (Deltoid) Right
5 - Upper Arm Left
6 - Upper Arm Right
7 - Lateral Thigh Left
8 - Lateral Thigh Right
9 - Anterior Thigh Left
10 - Anterior Thigh Right
11 - Abdomen Upper Left
12 - Abdomen Upper Right
13 - Abdomen Lower Left
14 - Abdomen Lower Right
15 - Back Upper Left
16 - Back Upper Right
17 - Chest Upper Left
18 - Chest Upper Right

Medication Notes

Date	Time	Initials	Drug - Strength - Dose	Site Non-Oral	Reason	Result	Obser. Init.	Date	Time	Initials	Drug - Strength - Dose	Site Non-Oral	Reason	Result	Obser. Init.

INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE

Vital Signs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Temperature																															
Pulse																															
Respiration																															
Blood Pressure																															
Blood Pressure																															
Weight																															

Resident Name	ID#	Room #	Physician

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