Medication ATI

1. Patient Information Name: Date of Birth: Medical Record Number: 2. Medication Details Generic Name: **Brand Name:** Class: 3. Assessment Indications for Use: Patient's Current Health Status: Allergies/Contraindications: Previous Responses to Medication: 4. Dosage & Administration Prescribed Dosage: Route of Administration: Frequency of Administration: **Duration of Treatment:** 5. Side Effects & Adverse Reactions Common Side Effects: Serious Adverse Reactions: Instructions in Case of Adverse Reactions: 6. Nursing Implications Monitoring Parameters: Specific Administration Instructions:

Precautions and Contraindications:

Key Points for Patient Understanding:
Lifestyle Modifications:
Proper Medication Usage Instructions:
Follow-up and Compliance Strategies:
8. Implementation & Evaluation
Date of Commencement:
Response to Medication:
Required Adjustments to Treatment:
Follow-up Dates/Plans:
9. Additional Notes
10. Healthcare Professional Details
Name:
Signature:
Date:

7. Patient Education