PRINCE EDWARD ISLAND
COLLEGE OF PHARMACY
Member organization of National Association of Pharmacy Regulatory Authorities (NAPRA)

Patient Drug Administration Record

Patient Information

Patient Name:	PHN:	Date:
Address:		
DOB:	Sex:	
Allergies:		
☐ Patient (or patient agent) has been provided with information on the drug/vaccine to be administered and has provided informed consent.		

Medication for Administration

Drug/Vaccine Administered:		
DIN:	Lot:	Expiry:

Administration Information

Dose administered:	Route:
Dose sequence:	Administration site:
Time administered:	Prescriber:

Monitoring and Follow Up

Adverse reaction after administration: ☐ Yes ☐ No	
Pharmacist follow-up required? ☐ Yes ☐ No	Follow-up date:
Pharmacist comments:	
Pharmacist Signature:	Registration Number: