

Paramedic Medication Log sheet

Name _____

Facility _____

	Date	Gender/Age	Med Name Dosage	Route	Preceptor Signature/Comment	Dept.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

To be completed by instructor	# of attempts	
	# successful on 1st attempt	
	Percentage	