

Administering Injections and Immunizations Preparation Course

Documentation Sheet

Workshop participant's name: _____

1. Subcutaneous Injection

Date: _____ Time: _____ Patient's name: _____

Drug name: _____ Route: _____ Site Used: _____

Dosage: _____ Purpose: _____

Manufacturer: _____ Lot: _____ Informed Consent Received: _____

Administrator's Name and title: _____

Administrator's Signature: _____

Patient's response to injection: _____

Other Comments: _____

2. Intramuscular Injection

Date: _____ Time: _____ Patient's name: _____

Drug name: _____ Route: _____ Site Used: _____

Dosage: _____ Purpose: _____

Manufacturer: _____ Lot: _____ Informed Consent Received: _____

Administrator's Name and title: _____

Administrator's Signature: _____

Patient's response to injection: _____

Other Comments: _____