

Medication Administration Record

Please circle day and time if there are any problems or anything out of the ordinary occurs then complete and submit an incident report within 24 hours and attach a copy of the incident report to the MAR

Medication Key I: Independent V: Verbal Cue H: Hand over Hand P: Packed for out of House R: Medication Refused D: Dependent N: Not available

Medication		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	
		Med: Dr. Name: Route: Dose: Frequency: Reason for taking:	Time Initial Time Initial																														
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Pharmacy name: _____ Telephone: _____ Allergies: _____ Notes: _____

Staff administering: _____, _____, _____, _____

Initial & sign: _____, _____, _____, _____