Medication Administration Record (MAR)

_, Year: 20____

Reviewed by:	NOTES:	Given For:		Drug Name, Dosage, Route	Given For:		Drug Name, Dosage, Route	Given For:		Drug Name, Dosage, Route	Given For:		Drug Name, Dosage, Route	Given For:	Drug Name, Dosage, Route	Given For:		Drug Name, Dosage, Route	Medication	
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	Name:
REASON MEDICATION NOT ADMINISTERED 1 = Home	Record medication administration notes below. For medication not administered, use the codes in the box at the left, including appropriate dates, comments, and explanations.
2 = Work/ADT 3 = ER/Hospital 4 = Refused 5 = Modication act	
b = Medication not available - explain ⇔ 6 = Held by MD -	
7 = Other - explain ⇔	
Time, date, and initial each explanation.	
Sign and initial at the bottom of the form.	
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Reviewed by:	