

AMITY CARE MEDICATION ADMINSTRATION RECORD (MAR)

MEDICATION	HOUR	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
Frequency:																																
Dosage:																																
Frequency:																																
Dosage:																																
Frequency:																																
Dosage:																																

Dates of Administration from.	to			
Manager Weekly Check Please Initial: Week1:	Week2:	Week3:	Week4:	
PHYSICAN(S):	DIA	GNOSIS:		_
ALLERGIES:				
NAME:	DOB:		ID NUMBER:	

Controlled Substance LOG

	Client Name		Medication and Dosage								
	NIGHT to DAY SHI	FT	DAY to AFTER	RNOON SHIFT	AFTERNOON	FTERNOON TO NIGHT SHIFT					
DATE	SIGNATURE	COUNT "EOS"	' SIGNATURE	COUNT "EOS"	SIGNATURE	COUNT "EOS"					
Dates of Ada	ministration from:eekly Check Please Initi (S):S:	al: Waakt:	to	ook?: Wook4							
PHYSICAN	(S):S:	ai. weeki	DIAGNOSI	S:week4	•						
ALLERGIES NAME:	S:		DOB:		D NUMBER:						

CONTROLLED SUBSTANCE LOG CONTINUATION....

	Client Name		Medication and Dosage								
	NIGHT to DAY SHIFT		DAY to AFTERNOON SHIFT AFTERNOON TO NIGHT SHIFT								
DATE	SIGNATURE	COUN	Γ "EOS"	SIGNATURE	COUNT "EOS"	SIGNATURE	COUNT "EOS"				
Dates of Admir	nistration from:ly Check Please Initial:			to	 .						
Manager Week PHYSICAN(S)	ly Check Please Initial:	Week1: _	Wee.	k2: Wee DIAGNOSIS	: Week4:	:					
ALLERGIES: NAME:			DO	B.	II	O NUMBER:					

DOCUMENTATION ON ERRORS PLEASE SPECIFY

***On the Medication chart please just put one line through the error and initial, and then specify here why the error occurred. ***

DATE SPECIFY MEDICATION AND ERROR STAFF SIGNATURE MEDICATION: **EXPLAINATION:** MEDICATION: EXPLAINATION: MEDICATION: EXPLAINATION: MEDICATION: EXPLAINATION: MEDICATION: Text **EXPLAINATION:** PHYSICAN(S): DIAGNOSIS: ALLERGIES: ______ DOB: _____ ID NUMBER: _____