

## MEDICATION ADMINISTRATION 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:																																
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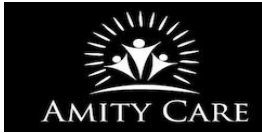
Dates of Administration from: \_\_\_\_\_ to \_\_\_\_\_

Manager Weekly Check Please Initial: Week1: \_\_\_\_\_ Week2: \_\_\_\_\_ Week3: \_\_\_\_\_ Week4: \_\_\_\_\_

PHYSICIAN(S): \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_



## MEDICATION ADMINISTRATION RECORD (MAR)

### Controlled Substance LOG

Client Name			Medication and Dosage				Starting Count
	NIGHT to DAY SHIFT		DAY to AFTERNOON SHIFT		AFTERNOON TO NIGHT SHIFT		
DATE	SIGNATURE	COUNT "EOS"	SIGNATURE	COUNT "EOS"	SIGNATURE	COUNT "EOS"	

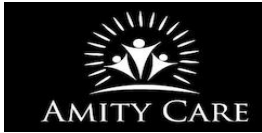
Dates of Administration from: \_\_\_\_\_ to \_\_\_\_\_  
Manager Weekly Check Please Initial: Week1: \_\_\_\_\_ Week2: \_\_\_\_\_ Week3: \_\_\_\_\_ Week4: \_\_\_\_\_  
PHYSICIAN(S): \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_  
ALLERGIES: \_\_\_\_\_  
NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_



## MEDICATION ADMINISTRATION RECORD (MAR)

**CONTROLLED SUBSTANCE LOG CONTINUATION....**[illegible]

Dates of Administration from: \_\_\_\_\_ to \_\_\_\_\_  
 Manager Weekly Check Please Initial: Week1: \_\_\_\_\_ Week2: \_\_\_\_\_ Week3: \_\_\_\_\_ Week4: \_\_\_\_\_  
 PHYSICIAN(S): \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_  
 ALLERGIES: \_\_\_\_\_  
 NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_



## MEDICATION ADMINISTRATION RECORD (MAR)

### **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: EXPLANATION:	
	MEDICATION: EXPLANATION:	
	MEDICATION: EXPLANATION:	
	MEDICATION: EXPLANATION:	
	MEDICATION: EXPLANATION:	Text

Dates of Administration from: \_\_\_\_\_ to \_\_\_\_\_

Manager Weekly Check Please Initial: Week1: \_\_\_\_\_ Week2: \_\_\_\_\_ Week3: \_\_\_\_\_ Week4: \_\_\_\_\_

PHYSICIAN(S): \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_