MEDICATION ADMINISTRATION RECORD (MAR) (FOR MEDICATIONS GIVEN ROUTINELY OR FOR A LIMITED TIME)

						NAME OF PERSON ADMINISTERING							DATE:	Digitature	Stemphilip				SPECIAL INSTRUCTIONS:	END DATE:	START DATE:	REASON:	ROUTE:	DOSAGE:	NAME:	MEDICATION	MEDICATION INFO	MONTH AND YEAR:	PARENT'S/GUARDIAN'S NAME:	CHILD'S NAME:
					ON ADMINISTER							TIME:		To compare the second s			UCTIONS:								TIME 1 2 3	AR:	DIAN'S NAME:			
		AND THE PROPERTY OF THE PROPER				ING	deren er					Continue	COMMENTS/M													4 5 6 7 8				
						INITIALS				COMMENTS/MEDICATION ERRORS/ADVERSE EFFECTS:	SDICATION BRR	Date	Date	ne parent/guardian c										9 10 11 12			DOB:			
About man over 2 to 5 to 5 to 5 to 6 to 6 to 6 to 6 to 6												DRS/ADVERSE E	ORS/ADVERSE E			f the above listed c	of the above listed c										13 14 15 1		_ DOCTOR:	ALLERGIES:
e i i i i i i i i i i i i i i i i i i i	INJEC												FFECTS:				hild, give permissi										16 17 18 19			HES:
	INHALATION (<i>NEBULIZER</i>) INHALATION (<i>NEBULIZER</i>) INJECTON (<i>SYRINGE, PEN, OR ELECTRONIC INFUSION DETICE</i>)	EAR	NOSE DRO	ISYS	ORAL (BY MOUTH)	ROUTE OF ADMINISTRATION; SELECT ONE								-		ion for the above medica	THE CASE OF THE CA									20 21 22 23 24				
RECTAL	INHALATION (<i>NEBULIZER)</i> IR, <i>PEN, OR ELECTRONIC INF</i>	EAR DROPS (OTIC)	NOSE DROPS/SPRAY (NASAL)	EYE DROPS (OPTIC)							OR ADVERSE EFFECTS	PARENT/GUARDIAN			, the parent/guardian of the above listed child, give permission for the above medication to be administered.	ition to be administered	vo appropriate and management of the state o									1 25 26 27 28		TELEPHONE:		
	USION DEFICE)					TONE					2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	CERRORS	ADIAN														29 30 31			