## MEDICATION ADMINISTRATION RECORD (MAR)

CLIENT NAME:_																	М	ONT	ГН								Yeaı	_					
PROVIDER NAME:						CMO HWC (NURSE) NAME																											
			Ple	ase	put	youi	r ini	tial i	n bo	oxes	;																						
MEDICATION	Dose	Time	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
																															П		
Missed/Refused Dose Do	cumer	ntation	-																														
Wild Sea / Reladed Dose De	carrici	itation	•																														
DISCONTINUED MED - Write	d/c and	the date	- <b>-</b>		_		R =	REF	-US	ED -	Doc	ume	ent a	bove	e			X =	RE	SPIT	E												
Draw line thru day 31 when not needed <b>M</b> = MISSED DC				-Document above X = RESPITE  OSE - Document above A = AWAY FROM HOME																													
									-		_			-																			
Client Name:							Moi	nth:								Ye	ar:																
							-										_				-												

## PRN (As Needed) Medication Administration Log

Initial Medication as given on MAR and complete as directed below:

Member Nam	e:	Month:	Year:										
Health & Wellness Coordinator:		Community Resource Coordinator:											
Adult Family H	lome Provider Name:												
Allergies:													
DATE/TIME	MEDICATION NAME, DOSE & ROUTE	REASON MEDICATION GIVEN	RESPONSE TO MEDICATION (What effect(s) did it have for the resident?)	INITIALS									