

Mount Saint Joseph Hospital St. Paul's Hospital

MEDICATION ADMINISTRATION RECORD

Scheduled Medications

(place before computer-generated MARs)

Allergies/Contraindications:

Refer to completed Caution Sheet (PHC-PH047)

For the 24 hour period from 08:00 _____ to 07:59 on _____ Page: ____ of ____

(Date)

(Date)

08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 01 02 03 04 05 06 07

Drug:

- new order
- replaces order # _____
- order transcribed by (initials) _____
- order verified by (initials) _____

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Guidelines for Completing the Pre-Printed Medication Administration Record:

1. This Pre-printed Medication Administration Record **is not generated by pharmacy**. Ensure that this Pre-printed MAR corresponds to the Pre-Printed Order form completed by the prescriber.
2. Place Pre-Printed MAR in MAR binder in the following order:

MAR (blank, scheduled)
Pre-Printed MAR (scheduled)
Computer-generated MAR (scheduled)
Computer-generated MAR (PRN)
Pre-Printed MAR (PRN)
MAR (blank, PRN)

3. Use this form until a computer-generated MAR is sent from Pharmacy (night shift).
4. Transcribe scheduled medication orders onto this MAR from corresponding pre-printed order form.
 - a) **Discontinue** all medications that have not been ordered by the prescriber on the pre-printed order form.
 - b) **Blanks:** complete blanks by filling in medication name, dosage and frequency (as applicable) as indicated on pre-printed order form.
 - c) **New regularly scheduled medication orders not included in pre-printed Orders:** transcribe to Medication Administration Record Scheduled (Blank) (PHC-PH205).
 - d) **New PRN medication orders not included in pre-printed Orders:** may be transcribed to Pre-printed PRN MAR in spaces provided.
 - i. **New order:** enter a tick to indicate it is a new order.
 - ii. **'Replacement order':** enter a tick to indicate if newly written order is replacing an existing order on computer-generated MAR. From the computer-generated MAR, document the order number that this order replaces.
5. **Drug Administration Times:** Nurse will write delivery times under each order using the 24-hour clock at the top of the page as a guide.
6. **Order Transcription:** Unit Coordinator who transcribes the order writes initials where indicated.
7. **Order verification:** Nurse who verifies the order as having been accurately transcribed writes initials where indicated.
8. Per PHC guideline, for all staff "printed name, full signature, initials and discipline credentials are written on the Interdisciplinary Signature Sheet once per patient admission, and entries on all other forms are accompanied by the health care provider's full signature. Initials are used on specified forms as indicated." **This form has been approved for initials.**