Medication Administration Record (MAR) sheet

Name:		Start date:				End date:										

D.O.B.	Doctor:

Known allergies

Address:

Medication details	Week commencing															
	DAY															
	TIME	DOSE	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT
	Received		Returned			Returned by										
	Received		Returned			Returned by										

Codes to be used: R – Refused   T – Taken   NT – Not taken   Adm – Administrate by   WT – Witness by   C – Hospitalised   D – Social leave

E – Refused and destroyed   P – Prompt   NR – Not required   M – Made available

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Medication Administration Record sheet (part 1)

PHOTO	Name:		Start date:		End date:	
	D.O.B.		Doctor:			
	Date of review:		Reviewed by			
	Known allergies					
	Address:					

Medication details	Week commencing												
	DAY												
	TIME	DOSE	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm	WT	Adm
PRN													
	Received		Returned			Returned by							
PRN													
	Received		Returned			Returned by							

PRN												
	Received		Returned				Returned by					

Codes to be used: R – Refused T – Taken NT – Not taken Adm – Administrate by   WT   – Witness by C – Hospitalised   D – Social leave
                                     E – Refused and destroyed   P – Prompt   NR – Not required M – Made available

Medication Administration Record sheet (part 2)

Date	Reason for refusing medication	Action taken

Date	Information relating to medication issues	Action taken