

MEDICATION

SET UP MAR

**You need this MAR to
complete medication
administration record
when your
resident is going out to
the community with
medications**

Pack the medication in an envelope and complete the form. Make a copy of the completed form, giving one to the resident. The resident should sign and return the form to confirm the medication was taken as directed. Keep the signed form in the resident's file as part of the MAR.

<p>Medication Name: _____</p> <ul style="list-style-type: none"> • Dosage: _____ mg • Quantity: _____ • Administration Route: _____ • Date: _____ <p>Instructions: Take _____ tablet(s) orally at _____.</p>	<p>Medication Name: _____</p> <ul style="list-style-type: none"> • Dosage: _____ mg • Quantity: _____ • Administration Route: _____ • Date: _____ <p>Instructions: Take _____ tablet(s) orally at _____.</p>
<p>Medication Name: _____</p> <ul style="list-style-type: none"> • Dosage: _____ mg • Quantity: _____ • Administration Route: _____ • Date: _____ <p>Instructions: Take _____ tablet(s) orally at _____.</p>	<p>Medication Name: _____</p> <ul style="list-style-type: none"> • Dosage: _____ mg • Quantity: _____ • Administration Route: _____ • Date: _____ <p>Instructions: Take _____ tablet(s) orally at _____.</p>
<p>Medication Name: _____</p> <ul style="list-style-type: none"> • Dosage: _____ mg • Quantity: _____ • Administration Route: _____ • Date: _____ <p>Instructions: Take _____ tablet(s) orally at _____.</p>	<p>Medication Name: _____</p> <ul style="list-style-type: none"> • Dosage: _____ mg • Quantity: _____ • Administration Route: _____ • Date: _____ <p>Instructions: Take _____ tablet(s) orally at _____.</p>
<p>As-Needed Medication</p> <p>- Medication Name: _____</p> <p>- Dosage: _____ mg</p> <p>- Quantity: _____</p> <p>- Administration Route: _____</p> <p>- Frequency: Take as needed, every _____ hours</p> <p>Instructions: Take _____ tablet(s) by _____ as needed for _____.</p>	<p>As-Needed Medication</p> <p>- Medication Name: _____</p> <p>- Dosage: _____ mg</p> <p>- Quantity: _____</p> <p>- Administration Route: _____</p> <p>- Frequency: Take as needed, every _____ hours</p> <p>Instructions: Take _____ tablet(s) by _____ as needed for _____.</p>

The resident confirmed that the medication has being taken as directed.

Resident: _____

Signature: _____

Nurse/Caregiver: _____

Date: _____

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