

Medication Administration Record (MAR) PRN 7 Day – LABOUR and DELIVERY

Addressograph Label
Client Label
DOB mm/dd/yyyy
PHIN/MHSC#
HRNI

Allergies (describe):

PRN MEDICATIONS	Month:Year:										
Name Dose Route Instructions	Day	/	Day		Day	Day		Day	D	зу	Day
Nitrous Oxide (self administered)											
via delivery system/face mask PRN											
for pain											
Transcribed By/Checked By:/// Date/Time:											
Intradermal Sterile Water											
Injections 0.1 mL at each of 4											
injection points PRN for pain as per											
practice guidelines											
Transcribed By/Checked By://											
Date/Time:											
Morphinemg (usual dose 10 mg)											
subcutaneous, intravenous or											
intramuscular x 1 dose PRN for pain.											
May repeat in 4 hours x 1 dose											
Transcribed By/Checked By:// Date/Time:											
Fentanyl 50 mcg intravenous x 1											
dose, then may repeat 50 mcg											
intravenous in 5 minutes x 1 dose,											
then may repeat 50 mcg											
intravenous q 30 minutes to a											
maximum of 200 mcg PRN for pain											
then reassess. Transcribed By/Checked By://											
Date/Time:											
DimenhyDRINATE (Gravol)mg											
(usual dose 25-50 mg) intravenous,											
intramuscular or per rectum every 4 hours PRN for nausea or vomiting											
(maximum daily dose 400 mg)											
maximum daily dosc 400 mg/											
Transcribed By/Checked By://											
Patel time.											
1 Refused 2 Withheld/Not Give	en 3	Abs	sent/LOA	4	Medication N Available	lot	5	Self Admin	6	Othe	rs (note)
Pageof Page											



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Allergies (describe): ___

Transcribed By/Checked By:/	PRN MEDICATIONS		Month: Year:										
Usual dose 5-10 mg) subcutaneous, intrarvenous or intramuscular every 6 hours PRM for opioid-induced nausea or vomiting			Day		Day						Da	ау	Day
Usual dose 5-10 mg) subcutaneous, intrarvenous or intramuscular every 6 hours PRM for opioid-induced nausea or vomiting	Metoclopramidemg												
6 hours PRN for opioid-induced nausea or vomiting Transcribed By/Checked By: Transcri	(usual dose 5-10 mg) subcutaneou												
Transcribed By/Checked By:		У											
Transcribed By/Checked By:/													
Transcribed By/Checked By:	nausea or vomiting												
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1 Refused 2 Withheld/Not Given 3 Absent/LOA 4 Medication Not Available 5 Self Admin 6 Others (note)													
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1 Refused 2 Withheld/Not Given 3 Absent/LOA 4 Available 5 Self Admin 6 Others (note)	Date/Time:	-											
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