



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

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

Allergies (describe): _____

PRN MEDICATIONS	Month: _____ Year: _____						
Name Dose Route Instructions	Day	Day	Day	Day	Day	Day	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: _____							
Morphine _____ mg (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) Transcribed By/Checked By: _____ / _____ Date/Time: _____							

1	Refused	2	Withheld/Not Given	3	Absent/LOA	4	Medication Not Available	5	Self Admin	6	Others (note)
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Name Dose Route Instructions	Day	Day	Day	Day	Day	Day	Day
Metoclopramide ____ mg (usual dose 5-10 mg) subcutaneous, intravenous or intramuscular every 6 hours PRN for opioid-induced nausea or vomiting Transcribed By/Checked By: _____ / _____ Date/Time: _____							
Transcribed By/Checked By: _____ / _____ Date/Time: _____							
Transcribed By/Checked By: _____ / _____ Date/Time: _____							
Transcribed By/Checked By: _____ / _____ Date/Time: _____							

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