



Medication Administration Record (MAR) PRN 7 Day – POSTPARTUM

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

Allergies (describe): _____

PRN MEDICATIONS	Month: _____ Year: _____								
<input type="checkbox"/> Medication Self Administration initiated on Date: _____									
Name	Dose	Route	Instructions	Day	Day	Day	Day	Day	Day
Acetaminophen 500 mg, 1 to 2 tablets orally every 4 hours PRN for pain (maximum daily dose 4000 mg) Transcribed By/Checked By: _____ / _____ Date/Time: _____									
Ibuprofen 400 mg orally every 8 hours PRN for pain (maximum daily dose 1200 mg) Transcribed By/Checked By: _____ / _____ Date/Time: _____									
Naproxen 500 mg orally every 12 hours PRN for pain (maximum daily dose 1000 mg) Transcribed By/Checked By: _____ / _____ Date/Time: _____									
PEG 17 grams orally daily PRN to prevent constipation Transcribed By/Checked By: _____ / _____ Date/Time: _____									
Zinc Sulfate Hydrocortisone Hemorrhoid ointment apply PRN for discomfort Transcribed By/Checked By: _____ / _____ Date/Time: _____									
Lanolin Nipple Cream apply PRN for discomfort Transcribed By/Checked By: _____ / _____ Date/Time: _____									
 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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POST Caesarean Section Standard Orders Only

Table with columns: Name, Dose, Route, Instructions, and 7 Day columns. Contains medication entries for Metoclopramide and dimenHYDRINATE.

Legend table with 6 columns: 1 Refused, 2 Withheld/Not Given, 3 Absent/LOA, 4 Medication Not Available, 5 Self Admin, 6 Others (note)



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