



# MEDICATION ADMINISTRATION RECORD (MAR):

## PRN

Directions for Use

Addressograph/Label

Key: D/C = medication discontinued; other Approved Codes and Legend on reverse side of this form.

Date Ordered	ALLERGIES (describe):	Date: MONTH <u>Dec/Jan</u> YEAR 20 <u>23/24</u>											
		21	22	23	24	25	26	27	28	29	30	31	1
Date Re-ordered		Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials	Time/Initials
21 Dec 2023	Morphine 2-10mg IV/IM q2h PRN for post-operative abdominal pain <b>*HAM</b>	0200h 2mg IV JD/MJ											
23 Dec 2023	<input checked="" type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE	0800h 2 mg IV JD/AM											
		1400h 2mg IV JD/AM											
		1830h 2mg IV AB/CD											
		2315 2mg IV CD/AD											
	<input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	<input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	<input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	<input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												
	<input type="checkbox"/> RECOPIED TRANSCRIBER _____ / _____ NURSE												

**Medication Administration Record: PRN – Directions for Use**

**NB: Approved codes/legend is located on reverse side of each MAR. Print EACH form double sided; print on pink paper.**

- Addressograph/label each page with patient identifiers in the right upper corner.
- **Page of** : identify the number of MAR pages used for transcribing all orders at the top of the MAR form. Ensure when faxing/scanning that both sides are included.
- **Date ordered and Date Reordered:** Enter the date that the medication was prescribed and most recent reorder date if applicable.
  - if MAR is recopied, these dates do not change. Place a ✓ in the box preceding RECOPIED. See examples in *MAR: Scheduled – Directions (CLI.4510.PR.002.SD.09)*.
- **Allergies:** as per *Medication Allergy Identification and Reaction Recording (CLI.6010.PL.047)* policy, identify and record confirmed allergies, and describe type of reaction. For patients with multiple allergies and the space provided is not adequate to capture all of them, it is recommended to enter “Multiple Allergies, see Clinical Circumstances Sheet”.
- **Date: Month Year** : enter the first 2 letters of the month and the full year. If it bridges 2 months, enter the month ending first, followed by the month that will be starting (i.e. Dec/Jan). if the form bridges 2 years, enter the year ending first, followed by the incoming year (i.e. 2023/24).
- **Day:** enter the numerical day of the month in the blank column spaces.
- **Time/Initials:** enter time medication given, dose and route if applicable, and initials. If intramuscular or subcutaneous route is an option, include site as per approved codes (on reverse side of MAR-PRN form).
  - if required, use 2 vertically sequential spaces to accommodate the complete entry.

**NB: directions for transcribing medication and documentation are continued on page 2, below Approved Codes/Legend).**

**Approved CODES:** use these approved codes as needed to clarify medication administered site and if pulse check was required

**LVL – Left Vastus lateralis**

**LVG – Left Ventrogluteal**

**LD – Left Deltoid**

**P – Pulse**

**RVL – Right Vastus Lateralis**

**RVG – Right Ventrogluteal**

**RD – Right Deltoid**

**N/A – Not Applicable**

**HAM – High Alert Medication – Independent Double Check Required**

**LEGEND: 1 = medication refused; 2 = medication withheld; 3 = patient absent; 4 = medication not available; 5 = other.**

### MAR: PRN-Directions for use (Continued)

**Transcribe PRN medications from *Prescriber Order Sheet* (CLI.4110.FORM.001).**

- **Date Ordered:** enter the date that the medication was prescribed
- **Date Reordered:** applicable only to medications identified in the *Automatic Reassessment of Medication Orders* ([CLI.6010.PL.005](#)) policy.
  - When a medication is ordered again (to be continued), maintain Order Date as the initial date that the medication was ordered, followed by the most recent Reorder Date. (See example in *MAR: Scheduled – Directions* [CLI.4510.PR.002.SD.09](#)).
- **in large blank boxes:**
  - for PRN medications ordered q4h PRN or less frequent, each medication occupies 1 box.
  - For medications ordered more frequently than q4h PRN (e.g., q2h PRN), each medication will occupy 2 or more blank boxes, with the extra boxes blocked by arrows (see example).
  - **Medication Name:** record the medication as ordered by the prescriber, including the indication for use (e.g. post-op abdominal pain). Document **HAM** next to medications listed on the [Provincial High Alert Medication list](#).
  - **Dose:** document the actual dosage in mg, mcg, or units.
  - **DO NOT** use number of tablets. If the order includes both the dosage and number of tablets, clarify with the prescriber what the actual dosage is/should be. \*see Example in *Mar: scheduled – Directions*.
  - **Route:** document the route ordered for administration.
  - **Frequency:** document the frequency (e.g.: Morphine 2 mg IV q2h prn).
  - **Indications for use:** document the indications for use (e.g. post-op abdominal pain).
    - **NB:** comply with *Do NOT USE: Dangerous Abbreviations, Symbols, Dose Designations* ([CLI.6010.PL.011.SD.01](#)) policy.
- **Transcriber:** transcriber can be a nurse or approved alternate.
  - Each medication transcribed must be verified by a nurse. Both the transcriber and nurse – enter initials.
  - **When the transcriber is a nurse and whenever possible, preferred practice is to have a second nurse verify the transcription.**
  - If the MAR is recopied, do not change dates when medication was ordered/reordered. Place a √ in the box preceding RECOPIED. (See example in *MAR: Scheduled- Directions*).
  - Initial as transcriber and verifier.
- **Discontinued medications:** a medication is discontinued if it is ordered as discontinued, or a change to the initial prescriber order has been made.
  - Write D/C on the MAR (see example in *MAR: Scheduled – Directions*).
- **Medications on Hold:** when medication is placed on hold, enter “HOLD” next to the medication. Under date for drug on hold to be reassessed, enter ‘reassess’. If not date is defined by prescriber, reassess daily. (See example in *MAR: Scheduled Directions*).
  - when medication is taken off “HOLD”, transcribe as a new order.
- **Medication Administration Documentation:**
  - Enter time and initials in the space provided at the time the medication is administered (i.e. at point of care).
  - For all High Alert Medications requiring an independent double check (as per [Provincial High Alert Clinical Standard](#)), the healthcare professional performing the double check enters their initials in the same space, separated by a forward slash (e.g. ab/cd). If the space is not adequate to accommodate both sets of initials, use space below.
- **NB:** if medication has a dosage range (as per the example provided), enter time, dosage given, route, and initials.