



Medication Administration Record (MAR) SCHEDULED - 7 Day PERINATAL

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

Allergies (describe): _____

SCHEDULED MEDICATIONS	Admin Time	Month: _____ Year: _____						
		Day	Day	Day	Day	Day	Day	Day
Name Dose Route Instructions								
Penicillin G 2.5 million units every 4 hours after loading dose until Delivery Transcribed By/Checked By: _____ / _____ Date/Time: _____								
ceFAZolin 1 gram intravenous every 8 hours after loading dose Transcribed By/Checked By: _____ / _____ Date/Time: _____								
Clindamycin 900 mg intravenous every 8 hours Transcribed By/Checked By: _____ / _____ Date/Time: _____								
Vancomycin 1 gram intravenous every 12 hours Transcribed By/Checked By: _____ / _____ Date/Time: _____								
_____ 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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SCHEDULED MEDICATIONS				Admin Time	Month: _____ Year: _____							
Name	Dose	Route	Instructions		Day	Day	Day	Day	Day	Day	Day	
Transcribed By/Checked By: _____ / _____ Date/Time: _____												
Transcribed By/Checked By: _____ / _____ Date/Time: _____												
Transcribed By/Checked By: _____ / _____ Date/Time: _____												
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