

Medication Administration Record (MAR) SCHEDULED - 7 Day PERINATAL

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

				HRN	HRN				
Allergies (describe):									
SCHEDULED MEDICATIONS	Admin Time	Month: Year:							
Name Dose Route Instructions	Admin Time	Day	Day	Day	Day	Day	Day	Day	
Penicillin G 2.5 million units every 4					,	,	1	·	
hours after loading dose until Delivery									
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Transcribed By/Checked By:/									
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:									
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Transcribed By/Checked By:/									
Transcribed By/Checked By:// Date/Time:									
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Allergies (describe):

SCHEDULED MEDICATIONS

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Admin Time

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Name Dose Route Instructions		Day	Day	Day	Day	Day	Day	Day
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Date/Time:								
Franscribed By/Checked By:// Date/Time:								
Refused 2 Withheld/Not Given 3	Absent/LOA			Not Availab	ole 5	Self Admin	6 Oth	ners (note)
	Page	of Pa	ge	-				

Month: