



**Medication Administration Record
(MAR) STAT and Non-Recurrent
Medications
LABOUR and DELIVERY**

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

Allergies (describe): _____

STAT and Non-Recurrent Medications	MEDICATION GIVEN			
	YEAR 20_____			
Name Dose Route Instructions	Date	Time	Init	Init Double ✓ if needed
Penicillin G 5 million units intravenous x 1 dose Transcribed By/Checked By: _____ / _____ Date/Time: _____				
ceFAZolin 2 grams intravenous x 1 dose Transcribed By/Checked By: _____ / _____ Date/Time: _____				
Prostaglandin E2 (Cervidil) 10 mg into posterior fornix of vagina x 1 dose Note: Do not give if attempting a vaginal birth after Cesarean Transcribed By/Checked By: _____ / _____ Date/Time: _____				
_____ 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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