



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

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
<b>Erythromycin 0.5% ophthalmic ointment to each eye by 1 hour of age x 1 dose</b>  Transcribed By/Checked By: _____ / _____ Date/Time: _____				
<b>Phytonadione (Vitamin K) 1 mg intramuscular x 1 dose by 6 hours of age</b>  Transcribed By/Checked By: _____ / _____ Date/Time: _____				
<b>Phytonadione (Vitamin K) 2 mg orally x 1 dose with first feed</b> <b>NOTE: to be administered <i>only</i> if IM is strongly declined and after counselling on the serious health risks</b>  Transcribed By/Checked By: _____ / _____ Date/Time: _____				
<b>Hepatitis B vaccine (preservative free) 0.5 mL intramuscular x 1 dose</b>  Transcribed By/Checked By: _____ / _____ Date/Time: _____				
<b>Hepatitis B Immune Globulin 0.5 mL intramuscular x 1 dose within 12 hours of birth</b>  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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