



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

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
Oxytocin ____ units (10 units preferred) intramuscular x 1 dose after the delivery of the anterior shoulder, after the birth of the baby, or after the delivery of the placenta. Transcribed By/Checked By: _____ / _____ Date/Time: _____				
Oxytocin 40 units in 1000 mL of Normal Saline intravenous solution at ____ mL / hour and titrate to flow as per Physician order Transcribed By/Checked By: _____ / _____ Date/Time: _____				
MMR 0.5 mL subcutaneously x 1 dose if rubella susceptible Transcribed By/Checked By: _____ / _____ Date/Time: _____				
Rh(D) Immune Globulin (human) 300 mcg intravenous x 1 dose per lab request OR if results not available at discharge (ensure consent is on the chart) 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)
---	---------	---	--------------------	---	------------	---	--------------------------	---	------------	---	---------------

Page _____ of Page _____

Allergies (describe): _____



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

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

STAT and Non-Recurrent Medications				MEDICATION GIVEN			
				YEAR 20 _____			
Name	Dose	Route	Instructions	Date	Time	Init	Init Double v if needed
Transcribed By/Checked By: _____ / _____ Date/Time: _____							
Transcribed By/Checked By: _____ / _____ Date/Time: _____							
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)
---	---------	---	--------------------	---	------------	---	--------------------------	---	------------	---	---------------

Page _____ of Page _____