



**MEDICATION ADMINISTRATION RECORD (MAR):
STAT and Non-Recurrent Medications
Directions**

{Addressograph/label HERE}

Key: D/C = medication discontinued; other Approved Codes and Legend on reverse side of this form.

Date Ordered	ALLERGIES (describe): <i>Penicillin (rash)</i>	MEDICATION GIVEN			
		YEAR 20__23__			
Time Ordered		Date	Time	Init	Init Double V if needed
<i>20-Sep 1000hr</i>	STAT <i>Furosemide 40 mg PO STAT</i>	<i>Sept 20</i>	<i>1015h</i>	<i>RK</i>	
	TRANSCRIBER _____ MCK _____ / _____ RK_NURSE				
<i>21-Sep 2100h</i>	STAT <i>Fentanyl 50 mcg IV STAT ONCE *HAM</i>	<i>21- Sept</i>	<i>2120h</i>	<i>KL</i>	<i>RM</i>
	TRANSCRIBER _____ RM _____ / _____ KL _____ NURSE				

MAR: STAT and Non-Recurring Medications – Directions for Use

NB: Approved codes/legend is located on reverse side of each MAR. Print each printed double-sided. Ensure when faxing that BOTH sides are faxed to intended location. Print these forms of yellow paper.

- Addressograph/label each page with patient identifiers in the right upper corner.
- **Page__of__**: identify the number of MAR pages used for transcribing all orders, located at the top-center of the MAR form.
- **Allergies:** as per *Medication Allergy Identification and Reaction Recording (CLI.6010.PL.047)* policy, identify and record confirmed allergies, and describe type of reaction. For patients with multiple allergies and the space provided is not adequate to capture all of them, it is recommended to enter "Multiple Allergies, see Clinical Circumstance Sheet".
- **Year 20__**: enter the full year
- **Date and Time ordered:** enter two numerals for the day and the first 3 letters of the month and the time using the 24-hour clock.

NB: Directions for transcribing medications and documentation are continued on page 2, below Approved Codes/Legend.

Approved CODES: use these approved codes as needed to clarify medication administered site and if pulse check was required

LVL – Left Vastus lateralis LVG – Left Ventrogluteal LD – Left Deltoid P – Pulse
RVL – Right Vastus Lateralis RVG – Right Ventrogluteal RD – Right Deltoid N/A – Not Applicable
HAM – High Alert Medication – Independent Double Check Required

LEGEND: 1 = medication refused; 2 = medication withheld; 3 = patient absent; 4 = medication not available; 5 = other.

Directions for Use and Completion of the MAR: STAT and Non-Recurring Medications (Cont'd)
(See embedded examples of the following steps)

Transcribe Medications from *Prescriber Order Sheet* ([CLI.4510.PR.002.FORM.13](#))

- **Medication Name:** record the medication name as ordered by the prescriber.
- **Dose:** Document the actual dosage in milligrams (mg), micrograms (mcg), or units.
 - **Do NOT** use number of tablets. If the order includes both the dosage and number of tablets, clarify with the prescriber what the actual dosage is/should be. Enter the clarified order on *Prescriber Order Form*.
 - Comply with *DO NOT USE: Dangerous Abbreviations Symbols Dose Designations* ([CLI.6010.PL.011.SD.01](#)) policy.
- **Route:** document the route ordered and used for medication administration.
- **Instructions:** identify any specific instructions that accompany the medication order (e.g. after first unit of blood).

Transcriber: Transcriber can be a nurse or approved alternate. Each medication transcribed must be verified by a nurse. Both the transcriber and nurse – enter initials. Nurse reviewing the transcription should use above approved codes to document “HAM” for High Alert Medications listed on the [Provincial High Alert Medication list](#).

When the transcriber is a nurse and whenever possible, preferred practice is to have a second nurse verify the transcription.

Medication Administration Documentation:

- Enter initials in the space provided at the time the medication is administered (i.e. at point of care).
- For all High Alert Medications (HAM) requiring an independent double check (as per [Provincial High Alert Medication Clinical Standard](#)), the healthcare professional performing the double check enters their initials in the space provided.