



**MEDICATION ADMINISTRATION RECORD  
(MAR): Scheduled**  
Directions for Use

Insert Addressograph/Label

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

Date Ordered	ALLERGIES (describe): <i>Penicillin (rash)</i>	MONTH <u>March</u> YEAR 20 <u>23</u>											
		DATE	20	21	22	23	24	25	26	27	28	29	30
Date Re-ordered		Admin Time	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	
<i>Mar 20/23 @0700h</i>	<i>Furosemide 40 mg PO BID</i>	<i>0700</i>	<del>X</del>	<i>MCK</i>	<del>X</del>	<del>X</del>	<del>X</del>						
		<i>1400</i>	<i>MCK</i>	<i>Hold</i>	<del>X</del>	<del>X</del>	<i>REASSESS</i>						
	<input checked="" type="checkbox"/> RECOPIED TRANSCRIBER <u>KK</u> / <u>LK</u> NURSE			<i>Reassess</i> 24 Dec 2023	<del>X</del>								
<i>20 Mar 2023 @0700</i>	<i>Morphine 5 mg PO BID</i>	<i>0800</i>	<i>MCK</i>	<i>MCK</i>									
		<i>2000</i>	<i>MCK</i>	<i>MCK</i>									
	<input type="checkbox"/> RECOPIED TRANSCRIBER <u>KK</u> / <u>LK</u> NURSE												
<i>20 Mar 2023 @0530</i>	<i>Ampicillin 250 mg PO QID</i>	<i>0700</i>	<i>MCK</i>										
		<i>1100</i>	<i>MCK</i>										
		<i>1600</i>	<i>DISCONTINUED</i>										
	<input type="checkbox"/> RECOPIED TRANSCRIBER <u>KK</u> / <u>LK</u> NURSE	<i>2100</i>											
<i>20 Mar 2023 @0530</i>	<i>Warfarin 5 mg PO Once Daily</i>  <i>Last INR: 1.5 (Mar 20/23)</i> <i>Reassess INR: (Feb 20/23)</i>	<i>1000</i>	<i>AW</i>	<i>AW</i>									
	<input type="checkbox"/> RECOPIED TRANSCRIBER <u>KK</u> / <u>LK</u> NURSE												
	<input type="checkbox"/> RECOPIED TRANSCRIBER <u>KK</u> / <u>LK</u> NURSE												
	<input type="checkbox"/> RECOPIED TRANSCRIBER <u>KK</u> / <u>LK</u> NURSE												

**MAR: Scheduled – Directions for Use**

**NB: Approved codes/legend is located on reverse side of each MAR. Print each form double-sided. Print on WHITE paper.**

- **Page \_\_\_ of \_\_\_**: identify the number of MAR pages used for transcribing all orders at the top of MAR form. Ensure when faxing/scanning that BOTH sides of the MAR are included in electronic transmission. Including legend for Approved Codes.
- **Date Ordered and Date Reordered**: enter the date that the medication was prescribed and reordered if applicable.
  - If the MAR is recopied, these dated **do not** change. Place a ✓ in the box preceding RECOPIED.
- **Allergies**: as per *Medication Allergy Identification and Reaction Recording (CLI.6010.PL.017)* 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 them all, it is recommended to enter “Multiple Allergies, see Clinical Circumstance Sheet”.
- **Date: Month \_\_\_ Year \_\_\_**: enter the numerical day of the month in the **blank column spaces. (NB: Directions for transcribing medication 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=Refused; 2=Withheld/Not Given; 3=Absent/LOA; 4=Medication Not Available; 5=Self Admin; 6=Others (note)**

**Transcribe medications from prescriber order sheet (CLI.4110.FORM.001):**

- **Date Ordered:** enter the date that the medication was prescribed
- **Date Reordered:** applicable only to medications identified in the *automatic reassessment of medication orders* (CLI.6010.PL.005) policy.
  - When a medication is ordered again (to be continued), maintain Date Ordered as the initial date that the medication was ordered, followed by the reorder Date. For example: 10 Aug2023 in top box and 14Aug2023 just below it. If re-ordered more than once, the initial order date remains unchanged.
- **In large blank boxes, enter only 1 medication per box:**
  - **Medication name:** record the medication name as ordered by the prescriber. If medication is considered High Alert per (*Provincial High Alert List*), document code “HAM” in RED ink within the blank box. For Warfarin – include “Last INR result/Date” and “Date to Reassess”.
  - **Dose:** document the actual dosage in mg, mcg, or units.
    - **Do not** use number of tablets. If the ordered includes both the dosage and number of tablets, clarify with the prescriber what the actual dosage should be. Write the clarified medication and dosage on *prescriber order sheet* and transcribe onto this MAR.
  - **Route:** document the route ordered for administration.
  - **Frequency:** document the frequency (e.g. Erythromycin 250 mg oral **once daily**)
    - **NB:** comply with DO NOT USE: *Dangerous Abbreviations, Symbols, Dose Designations* (CLI.6010.PL.011.SD.01) policy.
- **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.
  - **When transcriber is a nurse and whenever possible, preferred practice is to have a second nurse verify the transcription.**
  - If a medication is ordered for a specific length of time or number of doses, calculate date and time of last dose; enter ‘reassess’; place a diagonal line across all following spaces.
  - If the MAR is recopied, do not change dates when medication was ordered/reordered. Place a √ in the box preceding RECOPIED and initial as transcriber and verifier.
- **Discontinued medications:** a medication is discontinued if it is ordered as discontinued, or a change to the initial prescriber order has been made. Excludes prescriber orders that are reordered as to be continued (see Date Reordered).
  - Writer D/C on the MAR. highlight the discontinued medication in YELLOW.
- **Medications on HOLD:** when medication is placed on hold, enter “HOLD” next to the medication. Under date for drug on hold to be reassessed, enter ‘reassess’; If no date is defined by prescriber, reassess daily. When the medication is taken off “HOLD”, transcribe as a new order.
- **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 requiring an independent double check (as per *Provincial High Alert Medication Clinical Practice Standard*), the healthcare professional performing the double check enters their initials in the same space, separated by a forward slash (e.g. ab/cd).
  - Give time- critical medications (e.g. insulin) within 30 minutes before or after the scheduled time.
  - Give non-time critical medications within 60 minutes before or after the scheduled time.
    - If the medication is given outside acceptable window defined above, include the actual time that the medication is given with the initials and complete a note in the *Integrated Progress Notes (IPN)*(CLI.4510.PR.002.FORM.01) or other appropriate form.
    - If medication is not administered, enter the codes identified in the legend above; initial the entry, and document in the IPN or other appropriate form.