



**Medication Administration Record
(MAR) STAT and Non-Recurrent
Medications
PRE-OPERATIVE CESAREAN SECTION**

| |
|---------------------|
| 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 |
| Famotidine 20 mg intravenous x 1 dose 60 minutes prior to operation Transcribed By/Checked By: _____ / _____ Date/Time: _____ | | | | |
| Pantoprazole 40 mg intravenous x 1 dose 60 minutes prior to operation Transcribed By/Checked By: _____ / _____ Date/Time: _____ | | | | |
| Dicitrate Solution 30 mL orally immediately prior to the operating room Transcribed By/Checked By: _____ / _____ Date/Time: _____ | | | | |
| ceFAZolin 1 gram (if weighs less than 80 kg) intravenously in the operating room Transcribed By/Checked By: _____ / _____ Date/Time: _____ | | | | |
| ceFAZolin 2 gram (if weighs more than 80 kg) intravenously in the operating room Transcribed By/Checked By: _____ / _____ Date/Time: _____ | | | | |
| Clindamycin 600 mg intravenously in the operating room (If allergic to penicillin and at risk for anaphylaxis to cephalosporin) 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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