

Medication Administration Record (MAR) SCHEDULED **Medications and Infusions LABOUR and DELIVERY**

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

Allergies (describe):							
Scheduled Medications and Infusions				MEDICATION GIVEN YEAR 20			
	Name Dose	Route Instructi	ions	Date	Time	Initial	Initial
Oxytocin 30 units in 500 mL of Normal Saline for							
Induction. Titrate to contractions as per Induction and							
Augmentation of Labour Guideline (CLI.5810.PL.002)							
		•	•				
Transcribed By/Checked By:/ Date/Time:							
Patient Controlled Epidural Analgesia (PCEA) infusion as per Physician order							
Transcribe	d By/Checked By:/_	Date/Time:					
Misoprostol 20 mcg orally, initiate and titrate dosage							
until active labour is achieved using the Dissolve and Dose				Date	Time	Initial	Initial
instructions and Dosing Protocol.							
	Time/Progress Marker	Dose	Route				
	First dose	20 mcg (1 mL)	Oral				
	After 2 hours	20 mcg (1 mL)	Oral				
	After 4 hours	20 mcg (1 mL)	Oral				
	After 6 hours	30 mcg (1.5 mL)	Oral				
	After 8 hours	30 mcg (1.5 mL)	Oral				
	After 10 hours	30 mcg (1.5 mL)	Oral				
	After 12 hours	40 mcg (2 mL)	Oral				
	After 14 hours	40 mcg (2 mL)	Oral				
	After 16 hours	40 mcg (2 mL)	Oral				
	After 18 hours	50 mcg (2.5 mL)	Oral				
	After 20 hours	50 mcg (2.5 mL)	Oral				
	After 22 hours	50 mcg (2.5 mL)	Oral				
Transcr	iber	/	Nurse	Date	Time	Initial	Initial
fornix	rostol 50 mcg vagina x 1 dose. May repea administration x 1 do	t 50 mcg vaginally					
(maximum 2 doses)							
Transcribe	d By/Checked By://	Date/Time:					
1 Refu	used 2 Withheld/I	Not Given 3 Abs	ent/LOA 4 M	edication Not A	vailable 5 Self	f Admin 6 O	thers (note)
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