**Medication Administration Record (MAR)**

(Always check dosage against GP instructions on packaging) Month/Year     ….20

Page 1 of 2

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| **Service User’s Name and Address:** | | | | | | | | | | | | | | | | | | | | | **Date of Birth:**  **GP:** | | | | | | | | | | | | |
| ALLERGIES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRUG – Medication, Strengths, Cautions | TIME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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WHEN MEDICATION IS SEEN TAKEN, INITIAL THE APPROPRIATE BOX. WHEN MEDICATION IS NOT SEEN TAKEN PLEASE ENTER THE APPROPRIATE LETTER

A = REFUSED B = NOT GIVEN C = PREPARED BUT NOT SEEN TAKEN D – PLANNED HOSPITAL STAY.

WHENEVER IT IS NECESSARY TO RRCORD A, B OR C – IT IS REQUIRED THAT YOU MAKE AN ENTRY ON THE MEDICATION RECORD SHEET.

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Service User’s Name     ………………… Page No     …….

**Medication Record Sheet**

Please use this sheet for recording any untoward occurrence involving medication including any occasion when you do not observe the service user taking the medication. Also for recording collection/disposal of medication and ‘spoiled’ medication. Recording of unplanned hospital admissions

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