MAR Practice

There are several medication lists spread throughout your book. Please use these lists to make a MAR on the following blank sample MAR pages. You may print as many of the sample pages as you would like to practice. Your instructor will be happy to review your work during tutoring time or class breaks.

Helpful tips for making a MAR

- The drug start date goes in the top left corner of the medication box.
- The drug and it's strength go in the top right corner of the medication box.
- The instructions for use of the drug go under the drug and strength.
    - Instructions need to be spelled out completely with no abbreviations.
    - Follow this format: Verb + Quantity + Dosage Form + Route + Frequency + Reason (If the medication is a PRN)
    - For example: Take + One + Tablet + By Mouth + Daily
    - Or if PRN: Take + One + Tablet + By Mouth + Every Four Hours As Needed + For Pain
    - These instructions should be easy to understand for anyone regardless of their level of medical training or experience passing medications.
- The time each drug is given goes in the hour column with the times in the correct boxes as shown below:

Morning/Breakfast Time
Early Afternoon/Lunch Time
Late Afternoon/Dinner Time
Evening/Bedtime

- If you are not given a time schedule in your book, use the following schedule for making your MAR:

Morning/Breakfast Time	9:00 AM
Early Afternoon/Lunch Time	1:00 PM
Late Afternoon/Dinner Time	5:00 PM
Evening/Bedtime	9:00 PM

- Draw arrows through the calendar section crossing off the dates the drug is not available to the client.
- For example: if the drug start date is 1/7/23 and you receive it from the pharmacy on 1/8/23, you would draw arrows crossing out the 1st through the 7th indicating that the drug became available to the client on the 8th.
- Remember that PRN medications go on their own MAR sheet separate from scheduled meds.
- If you are writing a PRN, you will not put times in the hour boxes. Instead, you will write PRN in the hour column.
- Repeat these steps for all the medications on your list.

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Physician/Alt. Physician	Telephone No.	Diagnosis	Store Name

Resident/Patient/Client	Room	Bed	Patient Code	Admin. Date	Sex	Date Of Birth	Allergies	Charting For/Through	Page No.

Vital Signs	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
Temperature																															
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DAY SHIFT color ink- EVENING SHIFT color ink- NIGHT SHIFT color ink-

DATE	MEDICATION/TREATMENT STRENGTH AND ROUTE OF ADMINISTRATION	HOUR OF ADMIN.	REASON	RESULTS	TIME NOTED	ADMINISTERED BY	NURSE'S SIGNATURE	SITE CODE

INIT.	SIGNATURE AND TITLE	INIT.	SIGNATURE AND TITLE	INIT.	SIGNATURE AND TITLE	INIT.	SIGNATURE AND TITLE

INSTRUCTIONS:
a. Put initial in appropriate box when medication or treatment is given.
b. Circle initials when medication or treatment is refused.
c. State reason for refusal on nurse's notes.
d. PRN medications or treatment: Reason given and results should be noted on Nurse's Notes.
e. State progress of condition for which treatment is given.

PATCH SITE/ INJECTION SITE CODES:

1- Right Dorsal Gluteus
2- Left Dorsal Gluteus
3- Right Ventral Gluteus
4- Left Ventral Gluteus
5- Right Lateral Thigh
6- Left Lateral Thigh
7- Right Deltoid
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14- Upper Back Right
15- Upper Chest Left
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