McLaren Flint
FLINT, MI 48532

MEDICATION ADMINISTRATION RECORD

THE SIGNATURE OF A PHYSICIAN MUST ACCOMPANY EACH ORDER	
Date:	Time

M.A.R. VERIFIED BY:_____

HT:_____Wgt:_____ BSA:_____

Est:_____

ADMINISTRATION PERIOD:

ALLERGIES:

MEDICATION				START	STOP	Suggested Admin Timse	DAY SHIFT 0700-1459	EVENING SHIFT 1500-2259	NIGHT SHIFT 2300-0659
DOSE	ROUTE	FREQ	RX NUMBER						

RESPONSE	MEDS NOT GIVEN		INJECTION SITES	
Q. Relief in 30 min	A. NPO Diag	G. Off Unit	I. Right Deltoid Area	II. Left Deltoid Area
R. Relief in 60 min	B. NPO Surgery	H. Drug not available	III. Right Gluteal Area	IV. Left Gluteal Area
S. No Relief	C. NPO Studies	J. Patient Asleep	V. Right Abdomen	IV. Left Abdomen
	D. Patient Refused	K. See Nursing Notes	VII. Right Thigh	VIII. Left Thigh
	E. Nausea			
	F. Hold Dose			

INITIALS	PRINT NAME	SIGNATURE

MEDICATION ADMINISTRATION RECORD

N-912 Revised 4/19/12

740b

PT.

MR.#/P.M.

DR.