Your Hospital's Logo Here

M.A.R. VERIFIED BY: _____

Month Year

MEDICATION ADMINISTRATION RECORDS

	START	STOP	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

DOCUMENTATION FOR PRN MEDICATIONS / MEDICATIONS NOT ADMINISTERED

DATE	Milit. TIME	DRUG / STRENGTH / ROUTE	REASON	EFFECTIVE	NURSE INITIAL	DATE	Milit. TIME	DRUG / STRENGTH / ROUTE	REASON	EFFECTIVE	NURSE INITIAL

NURSE INITIAL	NURSE'S SIGNATURE / TITLE	NURSE INITIAL	NURSE'S SIGNATURE / TITLE	NURSE INITIAL	NURSE'S SIGNATURE / TITLE