

Month: Year:

MEDICATION(S):	HOURS	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

ALLERGIES:

TREATMENTS:

Initial MEDS and identify initials below

Instructions:

INITIAL	SIGNATURE

1. List one medication per box on this form. Use trade name of drug & generic name if prescription label is different from Doctor's order.
2. Initial appropriate box on front of MAR when medications or treatments are given.
3. Circle initial and document on reverse side when medications or treatments are refused or withheld.
4. Circle initials and document on reverse side for all PRN medications.
5. Document disposed medications, including the number of PRNs
6. Treatments/Therapies/Dietary supplements should be also listed and initialed.

RESIDENT NAME:

OPERATOR's NAME:

DOCTOR'S NAME

PRN AND REFUSED MEDICATION RECORD

Date	Time	Initials	Medication	Reason given/refused	Outcome	Time observed

Vital Signs	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Weight									
Blood Pressure									
Heart Rate									

ACHP • 421 SW Oak St Suite 650 • Portland, Oregon 97204 • Phone: 503-988-3000
 Recommended: Keep current month's MARS in MARS book, and most recent 6 months in Resident Records.