

## **Medication Administration Record (M.A.R Chart)**

Name:											D	D.O.B																	
Address:											Т	Tel No:																	
Medical History:																													
Medication Allergies:									Where is medication kept?												N	NHS No.							
Name of GP / Surgery:								Surgery/   Emergency No							•														
MEDICATION DETAILS	TIME W/C:						W/C:							W/C:						W/C:									
		М	TU	w	TH	F	SA	SU	М	TU	w	ТН	F	SA	SU	М	TU	W	TH	F	SA	SU	М	TU	W	TH	F	SA	SU
	AM	IVI	10	VV	1111		JA	30	IVI	10	**	1111		JA	30	IVI	10	**	1111		JA	30	IVI	10	VV	1111		SA	30
	LUNCH																												
	TEA																												
Date Started:	EVE																												
Date Started:																													
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MEDICATION DETAILS	TIME W/C:						W/C:							W/C:							W/C:								
		М	TU	W	TH	F	SA	SU	M	TU	W	TH	F	SA	SU	M	TU	W	TH	F	SA	SU	M	TU	W	TH	F	SA	SU
	AM																												
	LUNCH																												
	TEA																												
Date Started:	EVE																												

**MAR CODES** 

**R =** Refused **Q** = Offered, Not Required

L = Social Leave

H = Hospital

S = Sleeping

N = Nausea/Vomiting

**D** = Destroyed

**O** = Other (Please specify on reverse)

Please write notes / comments / reasons for refusal etc. On back of mar sheet

Two staff Name and signature required to confirm information on MAR sheet is correct: Staff 1: Staff 2:

Name of Individual:		Date of Birth:						
Date	Time	Code (Where Applicable)	COMMENTS SECTION  Use this form to record any notes and comments regarding medication listed on this MAR Chart. Eg. Reason for refusal, the reason why PRN Medication has been requested/taken.	Carer Name				