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| **Medication Administration Record (MAR)**  |
| **Name:**  | **DOB:**  | **GP:** | **Allergies:** |
| Care home**:** **Room number:** | **NHS number (if known)**  | **Start Date:** | **Chart \_\_\_of \_\_\_** |
| **Week 1** | **Week 2** | **Week 3** | **Week 4** |
| **Medication Details** | DateTime |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1 - Absent 2 - Nausea/vomiting 3 – in hospital 4 - Refused 5= Other (please define in notes on reverse)** |
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| **Notes** |
| **Person's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **Date** | **Time** | **Details**  | **Actions taken** | **Signature** |
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