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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** | | | | Date  Time |  |  |  | |  |  |  |  | |  |  |  |  | |  |  | | |  | |  |  |  |  |  |  |  | | | | | |  |  |  |  |  |  | |  |
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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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