**Medication Administration Record (MAR) Residential Care Settings**

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| **Name:** | | | **DOB:** | | | | | | | **GP:** | | | | | | | | | | | **Allergies:** | | | | | | | | | | | | | |
| Care home**:** | **Room Number:** | | **NHS number (if known)** | | | | | | | | | | | **Start Date:** | | | | | | |
| **Week 1** | | | | | | | | **Week 2** | | | | | | | | | **Week 3** | | | | | | | | **Week 4** | | | | | | |
| **Medication** | | Date  Time due |  |  |  |  |  |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1 - Absent 2 - Nausea/vomiting 3 – In hospital 4 - Refused 5= Other (please define in notes on reverse) Page \_\_\_\_of\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Notes**

**Person's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Time** | **Details** | **Actions taken** | **Signature** |
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