Medication Administration Record (MAR)

Records each medicine given, refused or not given, with dose, time, route and the staff member responsible.

Service user

Service user name *	
Date of birth	_____ / _____ / _____
Known allergies *	
GP	
Date *	_____ / _____ / _____

Administration

Administration 1

Medicine name and strength *	
Dose *	
Route *	
Time due	_____ : _____
Time given	_____ : _____
Outcome *	☐ Given ☐ Refused ☐ Not given - asleep ☐ Not given - not available ☐ Self-administered ☐ Other
Reason / notes	
Staff initials *	

Administration 2

Medicine name and strength *	
Dose *	
Route *	
Time due	_____ : _____
Time given	_____ : _____
Outcome *	☐ Given ☐ Refused ☐ Not given - asleep ☐ Not given - not available ☐ Self-administered ☐ Other

Reason / notes	
Staff initials *	

Administration 3

Medicine name and strength *	
Dose *	
Route *	
Time due	_____ : _____
Time given	_____ : _____
Outcome *	☐ Given ☐ Refused ☐ Not given - asleep ☐ Not given - not available ☐ Self-administered ☐ Other
Reason / notes	
Staff initials *	

Sign-off

Staff signature *	
Second checker (if required)	
Second checker signature	

* Required