

Pediatric Inpatient Medication Administration Record (MAR)

Patient Name

MRN

DOB

Age

Allergies

Admit Date

Ward/Room

Primary Physician

Medication Administration Record

Medication Name	Dose	Route	Frequency	Scheduled Time	Date/Time Given	Given By (Initials)	Remarks
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="button" value="▼"/>	<input type="text"/>				

Additional Notes

Reviewed By

Date

Signature