

**ADULT RESIDENTIAL LICENSING – PERSONAL CARE HOMES
 MEDICATION ADMINISTRATION RECORD (MAR) – 55 Pa.Code § 2600.187(a)**

Resident's Name _____ Date of Birth _____ ID Number _____

Physician(s) _____ Allergies _____ General Diagnoses _____

NAME OF MEDICATION	MED ABBREVIATION OR CODE	DATE MED STARTED	DIAGNOSIS/PURPOSE/CONDITION	STRENGTH	DOSAGE FORM <i>(pills, drops, ointment, other)</i>	DOSE	ROUTE OF ADMIN <i>(mouth, eye, ear, other)</i>	FREQUENCY OF ADMIN	PRESCRIBED ADMIN TIMES	DURATION OF PRESCRIPTION <i>(length of time to be given)</i>	SPECIAL PRECAUTIONS <i>(such as contraindications)</i>

NOTE: Any refusal or failure to administer at the prescribed time should be noted with an "E". Explain reason/circumstances/follow-up for all "E" notations here:

KEY:		
Name of person administering medication	Title	Initials

It is suggested that the personal care home administrator contact the pharmacies that serve residents of the home and inform the pharmacy of the regulatory requirements at 55 Pa.Code § 2600.184 (relating to labeling of medications) and § 2600.187(a) (relating to medication records).

MONTH: _____ YEAR: _____

Enter medication/time/initials for each administration							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
MD							
PM							
EV							
AM							
MD							
PM							
EV							
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