# FLORIDA DEPARTMENT OF JUVENILE JUSTICE
## MEDICATION ADMINISTRATION RECORD/ MEDICATION AND TREATMENT RECORD (MAR)

List Allergies/Common Side Effects/Precautions:

Month/Year: _____

Physician: _____

**Codes:**
- 0 = Not Administered
- X = Not to be Given
- R = Refusal
- H = Medication Holiday
- HV = Home Visit
- Ø = No Side Effects
- SE = Side Effects (See Nurses Note)
- NI/YI = Nurse/Staff Initials/ Youth Initials

| Medication/TX | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| Start_____ Stop_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transcriber Init _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Side Effects Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start_____ Stop_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transcriber Init _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Side Effects Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Start_____ Stop_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transcriber Init _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Side Effects Monitoring** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Youth Name** _____

**DJJID #** _____ **DOB** _____

**Facility** _____

**Diagnosis/Medical Grade** _____

**Med/MH Alerts** _____

| Signature Nurse/Staff | Initials | Print Name | Signature Nurse/Staff | Initials | Print Name |
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63M-2

Form 019

**Youth Signature and Initials**_____

10/06

# PRN Medications

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| TEMP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PULSE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESPIRATORY RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD PRESSURE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| DATE | TIME GIVEN | MEDICATION & DOSAGE | INJ. SITE | REASON | RESULTS OR RESPONSE | TIME NOTED | NURSES SIGNATURE/TITLE |
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WEEKLY MAR REVIEW

| DATE | SIGNATURE | PRINT NAME | TITLE |
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