



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

Codes:

- 0 = Not Administered
- X = Not to be Given
- R = Refusal
- H = Medication Holiday
- HV = Home Visit
- ∅ = No Side Effects
- SE = Side Effects (See Nurses Note)
- | |
|---|
| N |
| Y |

 Nurse/Staff Initials/
Youth Initials

List Allergies/Common Side Effects/Precautions:

Month/Year: _____
Physician: _____

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	
Side Effects Monitoring																																	
Start _____ Stop _____																																	
Transcriber Init _____																																	
Side Effects Monitoring																																	
Start _____ Stop _____																																	
Transcriber Init _____																																	
Side Effects Monitoring																																	
Start _____ Stop _____																																	
Transcriber Init _____																																	

Youth Name _____
 DJJID # _____ DOB _____
 Facility _____
 Diagnosis/Medical Grade _____
 Med/MH Alerts _____

Signature Nurse/Staff	Initials	Print Name	Signature Nurse/Staff	Initials	Print Name

PRN Medications

TEMP.																																									
PULSE																																									
RESPIRATORY RATE																																									
BLOOD PRESSURE																																									
	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										

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

WEEKLY MAR REVIEW			
DATE	SIGNATURE	PRINT NAME	TITLE