



The back page of the MAR is for follow up“exception” documentation and observations of med effects. If you are documenting here, then you should also be reporting this info to other CRMA Staff, the supervisor and/or the provider -Why any QD (daily) scheduled medication is not given- examples: med was refused, pulse below parameters, med not available -Why all PRN (as needed) medications are given- reason med is given on the left and the response/effect on the right, 45-60 minutes later. Examples are given below.

*Document the **reason** why daily scheduled meds are not given, and why all PRN meds are given on the left * Document the **response/ effect** of all medications on the right- this may be the next shift CRMA

Documentation here should be divided into 2 parts: reason med is given on the left and response/effect of the med on the right

Date	Time	Medication	Reason why routine med is not given or why the PRN med is given	Reaction within 45 min	Response/ effect time	#2 CRMA initial/ sign (FOLLOWS UP ON THE RESPONSE/ EFFECT OF THE MED)
	8am	Abilify 5 mg tab PO	med not given <i>HB Heather Boucher</i> Client refused,	Client reports “it makes me feel sleepy in the morning”, supervisor and provider notified, med/ incident reports completed	9am	<i>H Heather Anne Fraser</i>
	8am	Metoprolol 50 mg 1 tab PO	AR Andrea Rice Held med, pulse 58 BPM	Client monitored, Supervisor and provider notified, med/ incident reports completed	8:45am	<i>AR Andrea Rice</i>
	3:30pm	Tylenol 325 mg 2 tabs PO	Headache AR Andrea Rice	Client reports positive effect, headache resolved	4:15pm	<i>LT Larry Thomas</i>
Name Ryan Lambert						MO/ YR