## Green Mountain Support Services - Medication Administration Record

Controlled Substances are Identified with \* Symbol / When administering PRNs or additional descriptions are needed please circle initials. Important: PRN Psychotropic medication administration requires a PRN Psychotropic Medication Incident Report be completed.

Individual: DOB:										Mo	nth	/ Ye	ear:																			
Service Coordinator:														Alle	ergi	es:																
	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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## Green Mountain Support Services Back of MAR: Please document as appropriate

Please document PRN medication outcomes here:												
PRN Medication Outcome Codes:												
1=Resolved/Therapeutic effect, 2=Partial Improvement												
3=No improvement, 4=Adverse effect												
Date	Time	PRN Medication	Code	Initials								

Please write descriptions and additional notes here:													
Medication Incident Reports are required for errors, refusals, et													
Date	Time	Description	Initials										

## Green Mountain Support Services - \*Controlled Substance Count Record

(+) Please note: Disposal of a \*Controlled Substance requires a witness and disposal sheet

Individual: DOB								B:			Month/ Year:																						
Service Coordinator:											Allergies:																						
*Medication/Strength:	Date																																
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Amount of Med Disposed (+)																											1	1					
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