**PRN 'when required' example medication administration record (MAR)**

Record 'when required' medicines only when they have been administered, noting the dose administered and the quantity left to ensure adequate supplies and reduced waste

| Resident's name | | Date of birth | | | Care home | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **As required medicines** | | **Allergies** | | | | | | | |
| Medicine (approved name) | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| | | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Dose | Frequency | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| Route | Max dose in 24 hours | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Indication | Start date | **Signed** | | | | | | | |
| Medicine (approved name) | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| | | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Dose | Frequency | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| Route | Max dose in 24 hours | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Indication | Start date | **Signed** | | | | | | | |

| Resident's name | | Date of birth | | | | Care home | | | |
|---|---|---|---|---|---|---|---|---|---|
| **As required medicines** | | **Allergies** | | | | | | | |
| Medicine (approved name) | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| | | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Dose | Frequency | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| Route | Max dose in 24 hours | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Indication | Start date | **Signed** | | | | | | | |
| Medicine (approved name) | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| | | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| | | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Dose | Frequency | **Signed** | | | | | | | |
| | | **Date** | | | | | | | |
| Route | Max dose in 24 hours | **Time** | | | | | | | |
| | | **Dose** | | | | | | | |
| Indication | Start date | **Signed** | | | | | | | |