**SAMPLE**

**MEDICATION ADMINISTRATION RECORD (MAR) SHIFT CHANGE**

**(First, Second, Third Shifts)**

**Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose:** There shall be a documented review of the MAR by incoming and outgoing staff which indicates that they have properly administered medications in accordance with orders of a physician or other authorized health care provider and have documented the administrations.

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| **Date** | **Shift** | **Incoming****Signature** | **Outgoing****Signature** |
| 1 | 7am – 3pm |  |  |
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