**SAMPLE**

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

**(Two Shifts Only)**

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Shift** | **Incoming Signature**  **(PLEASE PRINT CLEARLY)** | **Outgoing Signature**  **(PLEASE PRINT CLEARLY )** |
| 1 | 7am – 7pm |  |  |
|  | 7pm – 7am |  |  |
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| 2 | 7am – 7pm |  |  |
|  | 7pm – 7am |  |  |
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| 3 | 7am – 7pm |  |  |
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| 5 | 7am – 7pm |  |  |
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| 9 | 7am – 7pm |  |  |
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| 11 | 7am – 7pm |  |  |
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| 12 | 7am – 7pm |  |  |
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| 13 | 7am – 7pm |  |  |
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| 14 | 7am – 7pm |  |  |
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| 15 | 7am – 7pm |  |  |
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| 23 | 7am – 7pm |  |  |
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| 25 | 7am – 7pm |  |  |
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| 26 | 7am – 7pm |  |  |
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| 27 | 7am – 7pm |  |  |
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| 28 | 7am – 7pm |  |  |
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| 29 | 7am – 7pm |  |  |
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| 30 | 7am – 7pm |  |  |
|  | 7pm – 7am |  |  |
|  |  |  |  |
| 31 | 7am – 7pm |  |  |
|  | 7pm – 7am |  |  |
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