

Guidelines for Use

Name of Form: 21 Day MAR Medication Pass Nutrition Supplement Program	
Special Instructions	By Whom
1. Addressograph.	Nurse or Clerk
2. Fill in allergies.	Nurse or Clerk
3. Fill in dates.	Nurse or Clerk
4. Transcribe dosage volume and frequency of administration as per physician/clinical dietitian order. Transcribe revised order.	Nurse or Clerk
5. Fill in day of the week for weight (as per physician/clinical dietitian order <u>or</u> day of initiation).	Nurse or Clerk
6. Fill in administration time(s).	Nurse or Clerk
7. Date and sign each order.	Nurse or Clerk
8. Reconcile each order and each MAR sheet by signing and dating (done on nights).	Night Nurse