

Psychotropic - Medication Administration Record (P-MAR)

Attention: To only be utilized for all psychotropic medications. Scheduled and PRN medications must be listed on the P-MAR

Month/Year:___

PRN medication is defined as medication that is taken as needed,											
Child's Name: DOB:		DOB:	Sex:	Allergies:							
JV223 Date:			s and gives authorization to begin or continue a psychotropic medication. Every JV223 expires after 180 val. Authorization is good for six months ONLY. (REVIEW "IMPORTANT NOTE" ON PAGE 2)								
JV220A Date:	-	• • • •	#3 (emergency authorization) must be checked before administering any psychotropic medication if never been approved. (REVIEW "IMPORTANT NOTE" ON PAGE 2)								
Resource Parent(s) Name:				CSW Name & Number:							
Physician Name & Phone Numb	er:			Pharmacy Name & Number:							
Date and Description of Any Ob medical provider of all observed side ef		fects (Please inform	Initial each box medication is a any reason. **/ PRN Medicati administered in	S: Record what time the above child takes the medication in the "Time Given" column. on the specific day and time each medication was administered immediately AFTER dministered. Initial and then circle initials in any box when a medication is not given for A reason why medication was not given is required and must be noted on page 2** ons: Initial each box on the specific day and time each PRN medication was mediately AFTER medication is administered. Reason PRN was given and results must ge 2. (PLEASE NOTE: PRN MUST BE LISTED ON JV220A WITH BOX 3 CHECKED OR ON 23)							
** Anyone perso	on who records	initials in a box after a	iministering a m	edication, must provide their signature and initials on PAGE 2**							

		Days of Month																														
Prescription Information	Time Given	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
Name of Medication:																																
Dosage Prescribed: Amount Prescribed:																																
Date Medication filled: Prescription #:																																
# Of remaining refills: Next Refill Date:																																

**To be co	**To be completed anytime a child is administered medication away from their resource home and resource parent provides the authorized representative any portion of medication to be administered away from resource home. **												
	Medication being r	eleased fo	or a visit - (I	Leaving)	Medication received after a visit - (Returning)								
Date	Name Of Medication	Quantity	Initials of Person Releasing Medication	Person Releasing Receiving Medication		Name Of Medication	Quantity	Initials of Person Releasing Medication	Signature of Authorized Representative Receiving Medication				



Documentation for Medication not given as Ordered and PRN Medication(s) (SEE INSTRUCTIONS BELOW)

IMPORTANT NOTE **Every JV223 expires after 180 days from the stamped date on the approval. ** A resource parent is not authorized to administer psychotropic medication if JV223 is expired. Resource parent should *always* take a JV220 and a blank JV220(A) to all psychiatric medical appointments in the event a new psychotropic medication is ordered or there is a request to continue a medication. When a prescriber orders that a medication can be administered for emergency basis, question #3 on JV220(A) must be marked and filled out. Resource parents are highly encouraged to ensure a child is seen by their psychiatric medical provider no later than six weeks before their JV223 expires, allowing the court time to make a decision regarding the request. A resource parent has to have a current JV223 in possession or a JV220(A) with box three checked in possession before administering ANY psychotropic medication. In addition, a resource parent can only administer a psychotropic medication and maximum dose for each psychotropic medication listed on the JV223 or JV220(A). This applies to any child in home, as well as, any new child that may be placed in resource home. Resource parent should reach out to their assigned agency social worker during business hours or call the after-hours support line (760) 239-7089 for clarification about this process if needed. When in doubt, always ask!

	List medication	Document Reason:	PRN Section		
Date and time	(If PRN, also complete	Medication missed/not given for any reason, held as	Date and time of	Results of PRN medication	Initials
	PRN section)	directed, refused OR why a PRN medication was given	results		
	INS	STRUCTIONS		t be provided by all persons	Initials
			who record	led initials on Page 1)	
		clude but not limited to the following:			
		it (medication should be given to caretaker), edication held as directed by medical provider,			
		medication given incorrectly e.g., wrong route.			
		ication that was not given as directed and clearly state			
		I notified of all medication not given.			
		the dose, time given and the <u>reason</u> it was given above.			
	cument the date, time and				
e		MUST BE LISTED ON PHYSICIAN'S REPORT OR CFS 125)			