



**ADULT 14-DAY SCHEDULED MEDICATIONS
MEDICATION ADMINISTRATION RECORD (MAR)**

TUBERCULOSIS

KEY D/C = discontinued

Wt _____

ALLERGIES: See Clinical Circumstances Sheet		DATE: MONTH _____ YEAR 20 _____													
SCHEDULED MEDICATIONS	Time	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> isoniazid _____ mg PO daily (5 mg/kg maximum dose 300 mg)															
	<input type="checkbox"/> Recopied TRANSCRIBER _____ / _____ NURSE														
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> rifAMPin _____ mg PO daily (10 mg/kg)(usual dose 600 mg)															
	<input type="checkbox"/> Recopied TRANSCRIBER _____ / _____ NURSE														
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> pyrazinamide _____ mg PO daily (25 mg/kg maximum dose 2000 mg) (Not to exceed 30 mg/kg of baseline weight in pregnancy)															
	<input type="checkbox"/> Recopied TRANSCRIBER _____ / _____ NURSE														
Date Ordered (DD/MONTH/YY) _____ Reordered _____ <input type="checkbox"/> ethambutol _____ mg PO daily (15 mg/kg maximum dose 1600 mg) (Not to exceed 25 mg/kg of baseline weight in pregnancy)															
	<input type="checkbox"/> Recopied TRANSCRIBER _____ / _____ NURSE														

