

Topical Medicines Application Record Chart - TMAR

When using this chart, write "See Topical Medicines Application Record Chart (TMAR)" on main MAR chart for resident. DO NOT DOUBLE RECORD – It should be agreed locally as to who completes the TMAR records.			
Resident Name:		Date of Birth:	
Room No:		Preparation:	
Indication:		Frequency of application:	
Therapy started:		Review Date:	
Chart completed by/date:		Chart checked by/date:	
Instructions for use:			
Additional Notes:			

Record of application – To be signed on each application of topical medicine

Month																															
Time	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

Mark or shade area(s) for application.

