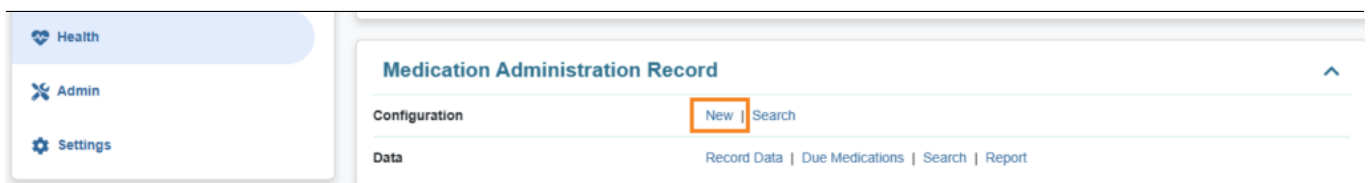


Configure and Approve MAR

Users assigned with the **MAR Configuration Approve** role can create and approve new Medication Administration Records (MARs).

MAR forms need to be configured each month for an individual.

1. On the **Health** tab, click on the **New** link beside the **Configure** option under the **Medication Administration Record** section.



2. Select the appropriate program from the **Program List** page.

Program List

<div> <div>All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z</div> <div>Filter</div> <div>15 Records</div> </div>				
Program Name	Site Name	Program Type	Cost Center Number	Program ID
(Demo) Academic Activities	Therap Global Demonstration Provider	Preschool		02
(Demo) Education and Development	(Demo) TG Center for Children With Special Needs	Individualized Skills Development		123

3. On the **MAR Configuration Selection** page, select the appropriate individual, month

and year from the respective fields and click on the **Submit** button.

MAR Configuration Selection

MAR Configuration Selection

Select Individual *

Mary, Angela ▼

Select Month *

July ▼

Select Year *

2023 ▼

<< Back

Cancel

Submit

Note: Fields marked with a **Red Asterisk (*)** are necessary and must be filled in.

Users can only create the MAR for an individual for the previous two months from the present date. Otherwise, the users will receive an error message.

✖ **Error!**

➤ You may only create MAR for the previous two months

4. The Medication History form will display the message **“No current medication(s) found”** if an individual does not have any current medication entered. Click on the **Create New Medication History Form** link to configure a new medication for the individual.

No current medication(s) found

Actions

[Create New Medication History Form](#)

[Back](#)

5. The **Medication Administration Record Configuration** page will be displayed for the month that has been selected. Here, all the active medications that have been prescribed for the individual will be displayed. Users will be able to add new medications as well as different schedules for the same medication.

Medication Administration Record Configuration - July , 2023

Individual Name: Angela Mary
Birth Date: 05/01/2010
Form ID: MAR-DEMOTPHL-M964ND4ZG8426
Form Status: New
Time Zone: Asia/Manila

Legend

☒ Due ☐ Data already recorded

Scheduled Medication(s)

[Add New Medication](#)

Astemizole - Tablet, Oral (mouth), Scheduled (Medication)

[Medication Details](#)

Strength: 5mg **Prescriber:** Dr. Jhon Paul / Physiotherapist (Demo Hospital Phillipines)

Give Amount / Quantity: Once a day Tablet **Frequency:** 1 X DAILY

Begin Date & Time: 05/31/2023 2:00 pm **End Date & Time:** 08/31/2023

Schedule Repeat: Every Day 1 time(s) a day **Schedule Time Slot(s):** 2:00 pm

Instruction: Give medicine once a day. 0+1+0

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
	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON
2:00 pm																															

Indication/Purpose

To cure, halt, or prevent Allergic rhinitis, unspecified.

Instruction/Comments

Give the medicine once at day.

Fexofenadine - Tablet, Oral (mouth), Scheduled (Medication)

[Medication Details](#)

Strength: 120mg **Prescriber:** Sharma Prendy

Give Amount / Quantity: Once a day Tablet **Frequency:** 1 X DAILY

Begin Date & Time: 04/27/2023

Schedule Repeat: Every Day 1 time(s) a day **Schedule Time Slot(s):** Unspecified

Instruction: Give once daily.

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
	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON

Indication/Purpose

Medication given due to allergy.

Instruction/Comments

Give one tablet everyday.

Other Medication(s)

Neutrogena Sheer Zinc Dry Touch Mineral Face Sunscreen - Creams, Other, Other

[Medication Details](#)

Strength: 50Application **Prescriber:** Dr. Jhon Paul / Physiotherapist (Demo Hospital Phillipines)

Give Amount / Quantity: Use whenever going outside or going daylight.Creams **Frequency:** EVERY DAY

Begin Date & Time: 03/08/2023 11:00 am

Schedule Repeat: Every Day 2 time(s) a day **Schedule Time Slot(s):** Unspecified, Unspecified

Instruction: Use whenever going outside or going daylight.

Instruction/Comments

Apply in the outer areas of body whenever going out in daylight.

Allergies

Allergy Status : Known Allergy
Drug Allergy Status : Known Drug Allergy
Allergies : Pennicilin

Shared Contact

Name	Organization Name	Specialty	Phone
Dr. Jhon Paul / Physiotherapist	Demo Hospital Phillipines	Physical Medicine & Rehabilitation	0112423597

Medical Diagnosis

Diagnosis Coding Type	Diagnosis Code	Description	DSM-5	Billable	Diagnosis Date	Diagnosed By
ICD-10	F84.0 - Autistic disorder	Faces difficulties to communicate and understand what people are saying to her.	Yes	Yes	02/01/2017	Ahmad Imam / Dr. (Demo Hospital)

Dietary Guidelines

Mary can eat only processed foods

[<< Back](#) [Cancel](#)

[Submit](#) [Approve](#)

Note: Data can only be recorded for the schedule that is active in the current month

- To add new medications, click on the **Add New Medication** link and to view the medication details, click on the **Medication Details** link of the form.

Medication Administration Record Configuration - July , 2023

Individual Name: Angela Mary
Birth Date: 05/01/2010
Form ID: MAR-DEMOTPHL-M964ND4ZG8426
Form Status: New
Time Zone: Asia/Manila

Legend

☐ Due ☐ Data already recorded

Scheduled Medication(s)

Astemizole - Tablet, Oral (mouth), Scheduled (Medication)

Strength: 5mg **Prescriber:** Dr. Jhon Paul / Physiotherapist (Demo Hospital Phillipines)

Give Amount / Quantity: Once a day Tablet **Frequency:** 1 X DAILY
Begin Date & Time: 05/31/2023 2:00 pm **End Date & Time:** 08/31/2023
Schedule Repeat: Every Day 1 time(s) a day **Schedule Time Slot(s):** 2:00 pm
Instruction: Give medicine once a day. 0+1+0

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
	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON
2:00 pm																															

Indication/Purpose

To cure, halt, or prevent Allergic rhinitis, unspecified.

Instruction/Comments

Give the medicine once at day.

- Once the necessary edits are made, users will be able to click on the **Submit** button or **Approve** button at the bottom of the page.

<< Back

Cancel

Submit

Approve

<< Back

Cancel

Submit

Approve

6. After submitting or approving the form, a success message will be displayed.

The form MAR-DEMOTPHL-M8T4NBVZ984ZA has been successfully submitted

Actions

[Open This Form in Configuration Mode](#)

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