

MEDICATION ADMINISTRATION RECORD (MAR) INSPECTION WORKSHEET

Date	Time	MARs reviewed
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Person Conducting Inspection: _____

<u>MEDICATION ADMINISTRATION RECORDS</u>	YES	NO	COMMENTS
• Orders are transcribed completely - no abbreviations	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Orders are transcribed immediately from physician's order with transcriber's initials and date.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Orders are transcribed from physician's order, not from pharmacy label	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Order changes are properly documented, including discontinuation of old order and entry of new order	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration is documented in ink and errors are crossed out and initialed – no white out or pencil	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration records are checked at the beginning of each month	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration records have been checked by authorized personnel at the beginning of each month and corrected / signed / dated	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication orders with special or unusual instructions (e.g. every other day, once weekly / monthly) have been transcribed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Scheduled administration times are appropriate with physician's order or facility policy	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Scheduled medication administration times reflect administration before, after, or with meals as required of physician's order	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Medication administration records clearly show documentation of omission of medications, including refusals, unavailability, resident out of facility, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Routine medication administration properly on the MAR and no blank spaces are found	<input type="checkbox"/>	<input type="checkbox"/>	_____
• PRN (as needed) medications have no schedule for administration	<input type="checkbox"/>	<input type="checkbox"/>	_____
• PRN (as needed) medications have a time / date / dose / reason / effectiveness documented for every administration	<input type="checkbox"/>	<input type="checkbox"/>	_____
• For each staff member initialing the front of the MAR, an equivalent signature is documented on the designated area of the MAR	<input type="checkbox"/>	<input type="checkbox"/>	_____

Reviewed by Facility Personnel _____

Date _____