

MAR/MEDICATION AUDIT	NAME	NAME	NAME
DATE			
Copies of all current prescriptions in file (correlate with MAR, Meds on hand and Healthcare Communication Forms)			
MAR reflects current correct medications, correct dose, correct times and correct dates to be given (correlate with prescriptions and Healthcare Communication Forms)			
All meds have a start and if appropriate a stop date especially Antibiotics. Check that appropriate dates are marked off when not to be given			
All meds not given daily (ex: Fosamax) have appropriate date to be given noted			
All PRN medications state specific parameters upon which a medication is to be given and when physician is to be notified			
Documentation of effectiveness of all PRN meds is noted (strongly encouraged)			
Diagnosis is noted for each medication on MAR (strongly encouraged)			
Allergies noted on MAR			
Diet noted on MAR (Strongly encouraged) Must be able to show you the diet listed)			
Current action, side effects, adverse reactions and interaction information sheets in file for all medications			
Reason for missed medications meds is noted along with appropriate physician notification			
If medication unavailable from pharmacy documentation of follow up according to Policy and Procedure followed and med obtained			
If indicated - Medication error reports are noted with appropriate notification of physician, district, and documentation that correction action has been carried out			
Documentation of monitoring client for 20 minutes after first three doses of a new med and after PRN meds			
All new orders instituted within 24 hours (Correlate with Healthcare Forms and prescriptions)			
Signatures and initials of all persons administering meds or supervising administration of meds are noted			

CORRECTIVE ACTION: _____

Recommendations for use of Mar Audit

1. Monthly at time new MAR is initiated – new MAR reconciled with old MAR with corrections/additions per physician orders. Must be done prior to putting new MAR in the book.
2. When a client has new medication or change in dose, frequency, or med is discontinued.
3. If a medication error occurs.
4. If “holes” are noted.
5. When new employee, who has been trained and validated, begins to administer or supervise the administration of medications. Would recommend auditing the new employee for at least the first week.
6. Written Policy and Procedure for documentation of monitoring MAR should be in place and results of the auditing kept on file along with the corrective actions taken.