

Medication Administration Record Documentation Guidelines

Please ensure that only blue or black ink is used on the MAR. If an error is found, please cross it out with a single line (no white-out). Do not document until *after* a medication is administered.

Note that this is just a brief cheat sheet. Please check with a supervisor for if you are unsure of how to document a unique situation.

If a medication is administered as scheduled:

- Initial the corresponding box on the MAR

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8:00 AM	JD																
8:00 PM																	

Indicates that this medication was administered by Zumbro House staff on the first of the month at 8:00 AM

If a PRN (as needed) medication is given:

- Initial the corresponding box on the MAR
- Add to the last page of the MAR
- Write an entry in the Health Progress Notes
- Follow up 30 minutes later

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
PRN		JD															

Indicates that this as-needed medication was administered by Zumbro House staff on the third of the month

Date	Time	Medication & Dosage	Reason	Response/Comments	Initials
2/3/18	9:30 PM	Trazodone 150mg	Sleep	See HPN	JD

Date	Time	
2/3/18	9:30 PM	John reported that he was unable to fall asleep. Staff administered
		Trazodone 150mg per John's MAR. Staff will follow up in 30 minutes.
2/3/18	10:00 PM	Staff checked on John 30 minutes after administering Trazodone. John was
		in bed asleep when staff entered his room. -----Jane Doe, DSP-----

If a Standing Order medication is given:

Always check the individual's Standing Order list before administering!

- Transcribe the medication onto a blank space on the MAR
If the medication has been taken already during the current month, it should already be on the MAR and will not need to be rewritten
- Add to the last page of the MAR
- Write an entry in the Health Progress Notes
- Follow up 30 minutes later

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
PRN				JD													

Indicates that this Standing Order medication was administered by Zumbro House staff on the 4th of the month

Date	Time	Medication & Dosage	Reason	Response/Comments	Initials
2/4/18	4:30 PM	Ibuprofen 400mg (2 x 200)	Headache	Relief - see HPN	JD

Date	Time	
2/4/18	4:30 PM	John informed staff that he had a headache and was in need of pain relief.
		Staff administered 2 x 200mg (400mg total) Ibuprofen per John's Standing Order list. Staff will follow up in 30 minutes. -----Jane Doe, DSP-----
2/9/18	5:00 PM	Staff checked on John 30 minutes after administering Ibuprofen. John reported that his headache was gone. -----Jane Doe, DSP-----

If a medication is refused:

A medication must be offered three times before accepting a refusal. If a medication is consistently refused, please inform your supervisor.

- Document "R" in the corresponding box
- Document in the Health Progress Notes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8:00 AM	R																

Indicates that the individual refused to take this medication as scheduled

If a medication is held:

If a medication is held, the order must come from a health care professional.

- Document "H" in the corresponding box
- Document in the Health Progress Notes
- Contact the nurse

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8:00 AM	H																

Indicates that a health care professional directed Zumbro House to not administer the medication

If a medication is packed for a leave of absence:

- Document " L / [initials] " in the corresponding boxes
Please make sure to sign for every dose of every medication packed
- Document in the Health Progress Notes
- Complete a Release of Medication form, to be signed by the person picking up the individual

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8:00 AM	L JC	L JD	L JD														

Indicates that ZH staff packed this medication to be taken while out of our care at 8am on the 1st through 3rd of the month

If a medication is set up:

"Set up" means the individual packs their medications weekly, with staff, to take independently. This is common at the apartment programs. Team approval is needed.

- Document " S / [initials] " in the corresponding boxes
Please make sure to sign for every dose of every medication packed - should be documenting for 7 days at a time
- Document in the Health Progress Notes

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
8:00 AM	S JC	S JC	S JC	S JC	S JC	S JD	S JD										

Indicates this medication was packed, with staff supervision, for the 1st through 7th of the month to be taken while still within our care

If a medication is **not given**:

Always call the nurse as soon as you discover a medication was missed.

- Contact the nurse - it's **possible that the medication can still be administered**
- Fill out a Medication Discrepancy Form, found on the Zumbro House website
- Notify a supervisor
- Document in the Health Progress Notes. Include how staff followed up with the error and instructions from the nurse.

If any other medication errors are discovered

Contact the nurse any time a medication error is discovered.

Medication errors include:

Given at the **wrong time**

Given on the **wrong date**

Given via the **wrong route**

Given to the **wrong individual**

The **wrong medication** is given

The **wrong route** is given

Not given

- Contact the nurse
- Fill out a Medication Discrepancy Form
- Notify a supervisor
- Document in the Health Progress Notes. Include how staff followed up with the error and instructions from the nurse.

To add a newly prescribed medication to the MAR:

Please make sure to communicate **all** medication changes with your supervisor!

- Transcribe the order onto the next available space on the MAR
- Write "Start on [date] per Dr. [name]"
- Draw a line through all spaces prior to the start date
- Document in Health Progress Notes

Lisinopril 10mg - take 1 tab by mouth every morning	8am	1	2	3	4	5	6	7	8	9	10	11	12	13	14
		→													
		start 12/8/17 per Dr. Smith													

Indicates this medication was prescribed by Dr. Smith to be started on 12/8/17 at 8am

- The transcription must include: the medication name, dosage, times/frequency, and the route. Follow the formatting of the already printed entries to ensure all info is included.
- Make sure to print *legibly* - if other staff cannot read the writing, they may make an error
- Make sure the medication change is noted on the Referral Form
- ALL medication changes need to be discussed with a supervisor - some meds require guardian approval prior to starting
- Notify other staff of the new medication. It is helpful to put a post-it directly on the MAR to call attention to the change.

To document that a medication is discontinued:

- Write "Discontinued on [date] per Dr. [name]" over the entry on the MAR
- Draw a line through all remaining days in the month
- Highlight the entire entry to ensure staff are alerted to the change

Cerovite Advanced - Take 1 tablet by mouth every morning (supplement)	8:00 AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	1	

		Discontinued 12/5/17 per Dr. Smith																		

Indicates this medication was discontinued by Dr. Smith on 12/5/17

- This change must be made on the MAR the same day that the medication is discontinued
- Pull the medication from their med bin the same day to ensure it is not mistakenly given
- Fax the Referral Form with documentation of the change to Bloomington Drug to ensure it is removed from the MAR the following month
- Notify other staff of the new medication. It is helpful to put a post-it directly on the MAR to call attention to the change.

To document that a **medication has changed**:

Any time there is a change to a current medication (dose, time, frequency, etc.), the medication must be rewritten in a new space on the MAR.

- Follow the above steps to discontinue the medication that has changed
- Write "see new entry below" or "see new entry on page [#]" to ensure staff see the new order
- Follow the above steps to add the new order onto the next blank space on the MAR

Blank MARs are available on the Zumbro House website, to be used if more space is needed on a MAR

All staff must add their name, signature, title, and initials to the last page of the MAR once per month

Please **triple check every page** of the MAR during every shift to ensure no documentation is missing

Please ensure that missing documentation is corrected as soon as it is discovered - work as a team to make sure the MAR is completely filled out by the end of the month!

ALL health-related information must be included in Health Progress Notes: medication changes, PRN usage, medication refusals, medication errors, etc.

Again, as this is just a brief cheat sheet, you will likely encounter unique situations that you are unsure how to document. Please check with a supervisor if this happens.