

THE PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE  
MEDICATION ADMINISTRATION TRAINING PROGRAM

**MEDICATION ADMINISTRATION RECORD (MAR) REVIEW SHEET**

Student Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Name on MAR: \_\_\_\_\_

Month of MAR: \_\_\_\_\_

**1. There is a corresponding entry on the MAR for each labeled bottle/blister pack.**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then specify:

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**2. All general information is present (e.g. name, allergies, diagnosis, etc.).**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then specify:

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**3. All five rights are present for medication entries (name reviewed above).**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then specify:

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**4. Initials and signature of the medication administrator are present on the MAR or central record.**

If a central record is used, then there is a copy of that record with the MAR.

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then specify:

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**5. All applicable date/time blocks are initialed correctly.**

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, then specify:

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## MEDICATION ADMINISTRATION RECORD (MAR) REVIEW SHEET

Student Name: \_\_\_\_\_

Review Date: \_\_\_\_\_

Name on MAR: \_\_\_\_\_

Month of MAR: \_\_\_\_\_

6. Document the presence and correctness for the following in the table below:

Category	Date/Time of Entry or Start Date	Correct (C), Incorrect (I), or Absent (A)	Error/Comment
Discontinuation			
New medication			
Time limited medication			
PRN medication			
Omission of a medication			
Refusal of a medication			
Late administration associated with omitted or refused medication			
Absence of a person at time of medication			
Controlled substance and count			

**PLACE A CHECK ON THE APPLICABLE LINE:**

**PASS** \_\_\_\_\_ **FAIL** \_\_\_\_\_ **No medication administered this quarter** \_\_\_\_\_

\_\_\_\_\_  
Trainer/Practicum Observer Signature

\_\_\_\_\_  
Date