

PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE  
 MEDICATION ADMINISTRATION TRAINING PROGRAM

MEDICATION ADMINISTRATION RECORD (MAR) REVIEW SHEET

EMPLOYEE'S NAME: \_\_\_\_\_

	1 <sup>ST</sup> REVIEW	2 <sup>ND</sup> REVIEW
DATE OF REVIEW		
NAME ON MAR		
MONTH/YEAR OF MAR		
NO MAR TO REVIEW/PRACTICE EXERCISE DONE		
<b>1. There is a corresponding entry on the MAR for each labeled bottle/blister pack</b>	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain
<b>2. All general information is present (e.g. name, allergies, diagnoses, etc.)</b>	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain
<b>3. All five rights are present for medication entries (name reviewed above)</b>	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain
<b>4. Initials and signature of employee are present on the MAR or central record. If central record used, there is a copy of that record with the MAR.</b>	YES ___ NO ___ If no, explain	YES ___ NO ___ If no explain
<b>5. All applicable date/time blocks are initialed correctly.</b>	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain

EMPLOYEE'S NAME: \_\_\_\_\_

	1 <sup>ST</sup> REVIEW	2 <sup>ND</sup> REVIEW		
	DATE/TIME OF ENTRY OR START DATE	CORRECT (C) INCORRECT (I) ABSENT (A)	DATE/TIME OF ENTRY OR START DATE	CORRECT (C) INCORRECT (I) ABSENT (A)
6. DISCONTINUATION				
7. NEW MEDICATION				
8. TIME LIMITED MEDICATION				
9. PRN MEDICATION				
10. OMISSION OF A MEDICATION				
11. REFUSAL OF A MEDICATION				
12. LATE ADMINISTRATION ASSOCIATED WITH OMITTED OR REFUSED MEDICATION				
13. ABSENCE OF A PERSON AT TIME OF MEDICATION				
14. CONTROLLED SUBSTANCE AND COUNT				
15. EXTERNAL DOCUMENTATION				

<b>MAR REVIEW DATE</b>	<b>DATE OF REVIEW: _____ (1<sup>st</sup> Review)</b>	
Enter supporting comments for errors in documentation. Indicate PASS or FAIL and SIGN the review.	<b>COMMENTS:</b>	
	PASS/FAIL (Circle) DATE _____	SIGNATURE: _____
	DATE REMEDIATION COMPLETED _____	SIGNATURE _____
	DATE OF REVIEW: _____ (2 <sup>nd</sup> Review)	COMMENTS:
PASS/FAIL (Circle) DATE _____	SIGNATURE: _____	
DATE REMEDIATION COMPLETED _____	SIGNATURE _____	

**MEDICATION ADMINISTRATION RECORD (MAR) REVIEW SHEET CONT'D**

EMPLOYEE'S NAME \_\_\_\_\_

	3 <sup>rd</sup> REVIEW	4 <sup>th</sup> REVIEW
DATE OF REVIEW		
NAME ON MAR		
MONTH/YEAR OF MAR		
NO MAR TO REVIEW/PRACTICE EXERCISE DONE		
1. There is a corresponding entry on the MAR for each labeled bottle/blister pack	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain
2. All general information is present (e.g. name, allergies, diagnoses, etc.)	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain
3. All five rights are present for medication entries (name reviewed above)	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain
4. Initials and signature of employee are present on the MAR or central record. If central record used, there is a copy of that record with the MAR.	YES ___ NO ___ If no, explain	YES ___ NO ___ If no explain
5. All applicable date/time blocks are initialed correctly.	YES ___ NO ___ If no, explain	YES ___ NO ___ If no, explain

EMPLOYEE'S NAME: \_\_\_\_\_

	3 <sup>rd</sup> REVIEW	4 <sup>th</sup> REVIEW		
	DATE/TIME OF ENTRY OR START DATE	CORRECT (C) INCORRECT (I) ABSENT (A)	DATE/TIME OF ENTRY OR START DATE	CORRECT (C) INCORRECT (I) ABSENT (A)
6. TYPICAL ADMINISTRATION				
7. DISCONTINUATION				
8. NEW MEDICATION				
9. TIME LIMITED MEDICATION				
10. PRN MEDICATION				
11. OMISSION OF A MEDICATION				
12. REFUSAL OF A MEDICATION				
13. LATE ADMINISTRATION ASSOCIATED WITH OMITTED OR REFUSED MEDICATION				
14. ABSENCE OF A PERSON AT TIME OF MEDICATION				
15. CONTROLLED SUBSTANCE AND COUNT				

<b>MAR REVIEW DATE</b>	<b>DATE OF REVIEW: _____ (3<sup>rd</sup> Review)</b>	
Enter supporting comments for errors in documentation. Indicate PASS or FAIL and SIGN the review.	<b>COMMENTS:</b>	
	<b>PASS/FAIL (Circle) DATE _____</b>	<b>SIGNATURE: _____</b>
	<b>DATE REMEDIATION COMPLETED _____</b>	<b>SIGNATURE _____</b>
	<b>DATE OF REVIEW: _____ (4<sup>th</sup> Review)</b>	
	<b>COMMENTS:</b>	
	<b>PASS/FAIL (Circle) DATE _____</b>	<b>SIGNATURE: _____</b>
	<b>DATE REMEDIATION COMPLETED _____</b>	<b>SIGNATURE _____</b>

ATTACH BLANK SHEET OF PAPER IF NEED ADDITIONAL SPACE FOR COMMENTS