



#6c Medication Systems & Documentation - Part 2

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Module 6c – Medication Systems & Documentation – Part 2

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Module 6 – Setting Up Your Home Medication System and Documentation – Part 2

Understanding the Medication Administrative Record (MAR)

Introduction

A Medication Administration Record (MAR) is the record of what prescriptions have been ordered for your resident and records your medication administration actions. The MAR is confidential and part of your resident's record. The MAR is a type of medication log as outlined in [WAC 388-76-10475](#) – Medication Log.

Learning Objectives

At the end of this module, you will be able to:

- Describe the process for completing a MAR.
- Explain how to make corrections on a MAR.
- Show how to add a new medication to the MAR.
- Explain how to document changes to a resident's medication routine.

What Do You Know?



1. What is the MAR?
2. Can you erase entries or use White Out?
3. Who can complete a MAR entry?

Medication Administration Record (MAR) and Medication Records

A MAR or eMAR (if electronic) is the record of what prescriptions have been ordered for your resident. Your LTC pharmacy will usually provide a paper or electronic copy with the resident's medications. If not, you will need to fill out a blank MAR. You can find templates online.

The MAR is a “working” document and it records your medication administration actions. It is a critical document for communicating with medical professionals and your staff. There are times when you may need to add a medication to the printed copy provided by the pharmacy. Be sure to include all the required information.

It is NEVER appropriate to place your initials on the MAR before the medication has been administered or if an oral medication, you have seen that it was swallowed.

Documentation of medication administration that has not yet been given compromises the safety of the resident.

The MAR includes:

- The names of medications prescribed.
- The times and dates the medication is to be given.
- The initials of the person assisting with the medication.
- A start and stop date.
- Resident information such as name and date of birth.

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Electronic MARs – Pros and Cons

Electronic MARs can be used if they are kept confidential and easily accessible to RCS. If requested, they may need to be printed during a home visit.

- Pros
 - They are usually easy to access.
- Cons
 - There is a cost to setting up the system and ongoing monthly fees.
 - You and your staff will need to be trained on how to log in and use the system.

Even if the pharmacy provides a completed MAR, you may have to manually add a medication or change a dose on a current MAR. You must know how to transcribe an order onto the MAR.

Best Practice:

Always get a paper copy of the MAR as well as the electronic version as a backup. For example, if there is a power outage or your power source has failed, you will still be able to document your administration tasks.

MAR Rules

- Always check what is written on the pharmacy provided MAR. It should match the physician's orders exactly. If not, check with the pharmacist about the difference.
- Never use "White Out", pencil, or erasable ink. When fixing an error, draw one line through the error, initial and date it. Never scratch it out or scribble on it – you must be able to read what you are fixing.
- Record PRN medication reasons and results on the back of the MAR.
- Record new medications, medication refusals, medications missed, hospital stays, discontinued orders on the MAR.
- Each person documenting on a MAR need to record their initials, signature, and name on at least one page of each resident's MAR.
- Ditto Marks (" ") are NEVER used.
- Record on the MAR immediately after you see that the medication was taken. This will follow the 5 Rights of medication administration, +2; the right person, right medication, right dose, at the right time, by the right route, and the right documentation.

The MAR is confidential and part of your resident's record. You must keep all copies based on their retention schedule.

Key Points About Filling Out the MAR

Filling out the MAR isn't difficult. **It is all about paying attention to details.**

- Transcribe the information from the prescription in a consistent/organized way so you don't make mistakes or forget anything.
- Pay close attention to what the prescription states and add them to the MAR in the same way each time.
- Transcription errors can be fatal.
- If you are not sure about anything on the prescription label or OTC instructions, ask your pharmacist.

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- Many medication abbreviations are no longer used. You should know them, however so you can understand the prescription if they are used.
- When filling out the MAR or resident documentation, do not use abbreviations except for common ones such as ounces (oz) or milligrams (mg).
- Fill out the MAR only after you observe that the resident has swallowed/taken the medication(s). Make sure your initials are in the correct locations.

Documenting When a Medication Is Not Given on the MAR






- **Medication Refusal** - If your resident refuses their medication, continue to make attempts. if you run out of the window of time (See Timing of Medications) for taking the medication and your resident still refuses:
 - Place a circle in the box.
 - Write your initials inside this circle.
 - Chart the reason for the refusal in the notes on the back of the MAR.
 - Notify their physician (see refusal of medications for exceptions and more information, in Module 6b – Medications, Part 1).
- **Other Reasons** - If the medication is not given as ordered for any reason, follow the same steps above for medication refusal.

Note: Taking the information from the physician's order and copying it to the MAR is known as "**transcribing.**" Often the pharmacy provides completed MARs, but if a new medication is started and a pharmacy generated MAR is not available, you will need to transcribe that order onto the MAR. This ensures that others know that a new medication has been prescribed. Changes to the MAR should also be made if the dose of a medication is changed.

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MAR Example

All MARs have the same generic information as listed above; some may add additional information such as a picture of what the medication looks like in this example.

TEST		ROUTINE MEDICATIONS																																																																																																																																																												
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Medication Administration Record (MAR) Worksheet Review

Group Knowledge Check – How to Read a MAR

Use the MAR on the following two pages to answer the questions below:

1. Mrs. Burns' MAR includes medications administered during what month?
2. Why did Mrs. Burns receive a dose of Hydrocodone 10/325 on the 3rd of January?
3. Why didn't Mrs. Burns receive three doses of Amoxicillin on the 22nd of January?
4. What times did Mrs. Burns receive 25 mg of Capoten on January 2nd?
5. Why was Mrs. Burns' Coumadin dose circled on January 7th?
6. Where was Mrs. Burns' Nitro-dur patch placed on January 10th?
7. What time does Mrs. Burns have her Nitro-dur patch removed?
8. Who is Mrs. Burns' physician?
9. It is 11 PM on January 9. Mrs. Burns has asked for something for pain. Can Mrs. Burns receive something for pain?
10. Does Mrs. Burns have allergies?
11. How much Lasix did Mrs. Burns receive at 4 PM on January 18th?
12. It is 8 AM and time for Mrs. Burns to receive her Lanoxin. What must you do prior to administering the Lanoxin?
13. What are Mrs. Burns' diagnoses?
14. How many days was Mrs. Burns supposed to receive Amoxicillin?
15. Why is there a zero in front of the decimal on Lanoxin 0.125 mg?

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Instructions:

- Put initials in appropriate box when medication given.
- Circle initials when medication refused.
- State reason for refusal on Nurse's Notes.
- PRN medication: Reason given should be noted on Nurse's Notes.
- Indicate injection site (code).

Result Codes:

- Effective
- Ineffective
- Slightly Effective
- No Effect Observed

Injection/Patch Site Codes:

- | | |
|------------------------|---------------------|
| 1-Right dorsal gluteus | 7-Right deltoid |
| 2-Left dorsal gluteus | 8-Left deltoid |
| 3-Right upper chest | 9-Right upper arm |
| 4-Left upper chest | 10-Left upper arm |
| 5-Right lateral thigh | 11-Upper back left |
| 6-Left lateral thigh | 12-Upper back right |

NURSE'S MEDICATION NOTES

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Temperature																																
Respiration																																
Pulse																																
Blood Pressure																																
Initials	Nurse's Signature										Initials										Nurse's Signature											
TK	Todd Kase																				RB = Right side of back											
CJ	C. E. Jones																				RC = Right side of chest											
DB	Dennis Barr																				LB = Left side of back											
JU	Jeff Lips																				LC = Left side of chest											
Charting Codes: A. chart error B. drug unavailable C. resident refused D. drug held E. dose contaminated F. out of facility G. see notes																																
Date/Hour	Medication/Dosage										Route	Reason										Initials	Results/Response									
1-3-13 10AM	Hydrocodone 10/325 1 tablet										po	Pain in right leg										T	Effective at 12pm									
1-7-13 6PM	Coumadin 5mg										po	Not available -										C										
												Pharmacy called																				
1-9-13 10PM	Hydrocodone 10/325 1 tablet										po	Pain in right leg										C	Effective as of 11pm									
1-30-13 8 AM	Lanoxin 0.125 mg 1 tablet										po	Pulse 54										J										

Prescription Contents

Before transcribing onto the MAR, first look at the prescription. Prescriptions may be handwritten, typed, printed, or electronic. The same basic information is on all prescriptions. If you can obtain a copy of the prescription for any medication given, it will serve as a double check for what is on the MAR and what the pharmacist has sent. Ask the prescriber for a copy of all new prescriptions.

All prescriptions should contain:

- The date the prescription was written.
- The name and birthdate of the person.
- The medication(s) prescribed.
- The name and dose of the medication.
- Instructions for taking the medication.
 - Some prescriptions you encounter will not signify “po” as the route for taking the medication. If you have questions, call the pharmacy or prescriber.
- The number of pills or amount of medication prescribed or number of days that the medication is to be taken.
- Refills if applicable.
- The name and signature of the physician.

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Filling Out the Mar: Four Step-By-Step Examples

These four examples cover most of the situations you will encounter when filling out the MAR.

Example # 1: Joe Smith saw Dr. Davis because of a runny nose and cough. He was diagnosed with bronchitis and allergic rhinitis. A prescription was written. You pick up the medications at 2 pm on January 3. After comparing the prescription to the information from the pharmacy, you transcribe the medications onto the MAR and give the first dose of Zithromax. Joe is allergic to penicillin. Using the prescription below, fill out the MAR.

Davis and Hartman Medical Group, PLLC 1011 Jackson Olympia, WA 98504 406-422-6779	
January 3, 2018 Joe Smith	Birthdate: 11/16/58
Rx:	
<i>Allegra 60 mg</i> <i>Sig: one tablet po BID for allergic rhinitis</i> <i>Disp: 60</i> <i>Refill x 1 year</i>	
<i>Zithromax 250 mg</i> <i>Sig: two tabs po today, then one tablet po qd until gone for bronchitis</i> <i>Disp: 6</i>	
Signed: <u><i>Ron Davis, MD</i></u> Ron Davis, MD	

1. Start with the first medication: **Allegra, dose = 60 mg.** Write this under the “medication” column.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Allegra	start											
60 mg												

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2. The instructions (or “sig”) are for “one-tab po bid” - this means: one tablet (or capsule) by mouth twice daily. Transcribe those instructions to the first column:

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Allegra	start											
60 mg, one tablet												
by mouth												
twice daily												

3. Next, determine the start date. Under the column marked “Jan” for January, you would write 1/3/18 as the start date. This is because:
- The prescription date is January 3
 - You picked up the medication in the afternoon so there is no reason for the person not to take the first dose of the medication on that day.
 - There are no specific instructions on the prescription that state to start the medication on another day.
4. Fill in the “HR” or hour(s) that the medication is to be taken. For this example, use 7 am and 7 pm.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Allegra	start	7am										
60 mg, one tablet	1/3/18											
by mouth		7pm										
twice daily												

5. Next, block out the dates before starting the medication by using an “X” or putting a line through them. Since the medication started later in the day on January 3, you would block out the days prior to when the medication was first given. The open boxes after the morning of January 3 stay open as these are the places that staff initial (IN) when they assist with the medication. Each MAR has a place for staff to write their name and initials so that anyone can determine which staff person assisted with medications on a given date.

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6. Since the prescription does not indicate a “stop date”, the medication is to be given every day in January and continue each month until it is discontinued.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Allegra	start	7am	X	X	X							
60 mg, one tablet	1/3/18											
by mouth		7pm	X	X								
twice daily												

7. Now go on to the second prescribed medication, Zithromax. Since this is given in two different ways, for example, 2 tablets today and then one tablet daily until gone, you must write the medication and dose in two separate places. Each place will have the different set of instructions.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Zithromax	start											
250 mg, 2 tablets												
by mouth												
today, then												
Zithromax	start											
250 mg, 1 tablet												
by mouth daily												
until gone												

8. Next, write in the start dates:
- Since the first set of dosing instruction states “today”, you would put 1/3/18 in the correct spot.
 - This then means that the second set of dosing instructions starts on the following day which would be 1/4/18. However, it is also acceptable to put in 1/3/18 in that place also as that shows when the medication was first started.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Zithromax	start											
250 mg, 2 tablets	1/3/18											
by mouth												
today, then												
Zithromax	start											
250 mg, 1 tablet	1/4/18											
by mouth daily												
until gone												

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9. Fill in the hour (HR) that the medication is taken:

- For the first dose of Zithromax, you are going to give it “today” as instructed. To determine the time, look at the information provided which states that the medication was picked up at 2 pm. Since it is an antibiotic, giving it as soon as possible is reasonable, therefore, giving the medication at 3 pm would be an appropriate time.
- The remaining doses of Zithromax are to be given “daily”. This generally means that the medication would be given in the morning so 7 am would be appropriate. However, since it was started at 3 pm on the previous day, using 3 pm would be acceptable.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Zithromax	start	3 pm										
250 mg, 2 tablets	1/3/18											
by mouth												
today, then												
Zithromax	start	7am										
250 mg, 1 tablet	1/4/18											
by mouth daily												
until gone												

10. Block out the days prior to starting the medication and those days after the medication is finished.

- The first dose of “two tablets today” are taken on 1/3; all days prior to and after 1/3 should be blocked out with X’s or a line.
- The second set of instructions after the first day is for “1 tablet daily until gone”. You know that this dose starts on 1/4 and by looking at the prescription you see that 6 tablets were prescribed. Two tablets were used on 1/3, there are 4 tablets left (4 days to give the medication). This means that all days prior to 1/4 and after 1/7 are blocked out.
- This medication is given for a known length of time, so you can add a stop date.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Zithromax	start	3pm	X	X		X	X	X	X	X	X	X
250 mg, 2 tablets	1/3/18											
by mouth												
today, then												
Zithromax	start	7am	X	X	X					X	X	X
250 mg, 1 tablet	1/4/18											
by mouth daily	stop											
until gone	1/7/18											

Module 6c - Medication Systems and Documentation – Part 2

11. Another notation that can be made on the MAR when a drug is given for a limited number of days is to place the number (1 through 4) in this case for the 4 days the medication is given once daily under the boxes that would be initialed by staff after giving it. This can act as a double check.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Zithromax	start	3 pm	X	X		X	X	X	X	X	X	X
250 mg, 2 tablets	1/3/18											
by mouth												
today, then												
Zithromax	start	7am	X	X	X					X	X	X
250 mg, 1 tablet	1/4/18					1	2	3	4			
by mouth daily	stop											
until gone	1/7/18											

Below is shown the completed MAR for the two medications prescribed on 1/3 and shows that the first dose of Zithromax was given by George Peters. The MAR should also contain the name of the resident/DOB, physician, diagnosis, and allergies.

Medication	Jan	HR	1	2	3	4	5	6	7	8	9	10
Allegra	start	7 am	X	X	X							
60 mg, 1 tablet	1/3/18											
by mouth		7 pm	X	X								
twice daily												
Zithromax	start	3 pm	X	X	GP	X	X	X	X	X	X	X
250 mg	1/3/18											
2 tablets												
by mouth today												
Zithromax	start	7 am	X	X	X					X	X	X
250 mg, 1 tablet	1/4/18					1	2	3	4			
by mouth	stop											
daily until gone	1/7/18											

Diagnosis: allergic rhinitis, bronchitis

Allergies:	Penicillin		IN	Name:	IN	Name:
Name:	Physician:	Phone #	NR	Noel Ranger	HT	Hillary Thomas
John Smith	Ron Davis	442-6779	GP	George Peters		
DOB: 11/16/58						

Module 6c - Medication Systems and Documentation – Part 2

Example #2: Carol Potter is having problems with constipation so when she sees Dr. Davis on Monday afternoon, you inform him about this problem. He writes a new prescription which you pick up later that day. You fill out the MAR using the information provided, making sure the prescription and pharmacy information matches. Carol has no allergies.

Davis and Hartman Medical Group, PLLC 1011 Jackson, Olympia, WA 98504 406-442-6779	
March 2, 2018	
<i>Carol Potter</i>	Birthdate: 4/10/85
Rx:	
<i>MiraLax 17 grams mixed with 8 oz fluid</i>	
<i>Sig: give po q am twice weekly for constipation</i>	
<i>Disp: one-month supply</i>	
<i>Refill x 11</i>	
Signed: <u><i>Ron Davis, MD</i></u>	
Ron Davis, MD	

1. Write in the medication “MiraLax” and special instructions:

Medication	March	HR	1	2	3	4	5	6	7	8	9	10
MiraLax 17 grams	start											
mixed with												
8 ounces of fluid												

2. Next it states to give **po** which translates into taking **orally or by mouth** so that must be written.
3. Add **how often/when** it is to be taken:
 - a. “q am” or “every morning” or more accurately in this case “in the morning” of the two days each week it is to be given. 7 am would be a reasonable time.
 - b. “Twice weekly” means it is to be given twice a week.

Medication	March	HR	1	2	3	4	5	6	7	8	9	10
MiraLax 17 grams mixed	start											
with 8 ounces of fluid												
by mouth every morning												
twice a week												

Module 6c - Medication Systems and Documentation – Part 2

4. Figure out the start date and which two days of the week it is taken.
 - a. The information provided states it is “Monday”
 - b. The medication is to be given in the morning, so you know it cannot be given on that day but would rather wait until the following morning, “Tuesday”
 - c. Being taken twice a week would mean that Tuesday and Friday would be reasonable days for it to be taken.
 - d. The prescription was written on Monday, 3/2/18, therefore the start date would be Tuesday, 3/3. You then “X” out the dates before 3/3 and you would also block out any day that is not a Tuesday or a Friday. To make it easier, you can make notations on the MAR as to what day of the week each date is and use abbreviations as it is simply a reminder for you.

Medication	March	HR	1 S	2 M	3 T	4 W	5 Th	6 F	7 S	8 S	9 M	10 T
MiraLax 17 grams mixed	start	7am	X	X		X	X		X	X	X	
with 8 ounces of fluid	3/3/18											
by mouth every morning												
twice a week												

The complete MAR appears below. Don’t forget diagnosis and allergies.

Medication	March	HR	1 S	2 M	3 T	4 W	5 Th	6 F	7 S	8 S	9 M	10 T
MiraLax 17 grams mixed	start	7am	X	X		X	X		X	X	X	
with 8 ounces of fluid	3/3/18											
by mouth every morning												
twice a week												
Diagnosis: constipation												
Allergies:	None		IN	Name:		IN	Name:					
Name:	Physician:	Phone #	NR	Noel Ranger		HT	Hillary Thomas					
Carol Potter	Ron Davis	442-6779	gp	George Peters								
DOB: 4/10/85												

Module 6c - Medication Systems and Documentation – Part 2

Example #3: Brian Hunter was seen by Dr. Davis for follow up of atrial fibrillation. Brian's prothrombin time (PT) test, also referred to as a protime test/INR (International Normalized Ratio) results showed that an adjustment in the dose of warfarin is required. His current dose is warfarin 3 mg daily at 2 pm. To fill out the MAR you will need to know that February 6 is a Wednesday. You pick up the prescription at 4 pm and fill out the MAR. Brian is allergic to shellfish and penicillin.

NOTE: A protime or INR is a blood test which measures the amount of time it takes for plasma to clot, and it is used to monitor blood levels when people take the blood thinner warfarin to prevent blood clots. A prothrombin time test can be used to check for bleeding problems. PT is also used to check whether medicine to prevent blood clots is working.

Davis and Hartman Medical Group, PLLC
1011 Jackson, Olympia, WA 98504
406-442-6779

February 5, 2018

Name: *Brian Hunter*

DOB: 1/3/40

Rx:

Dose change:

Warfarin 1 mg

Sig: 2 tabs po q 2 pm M, W, F and 3 tabs po q 2 pm S, S, T, Th for atrial fibrillation. Start tomorrow.

Disp: one-month supply

Refill x 11

Signed: *Ron Davis, MD*

Ron Davis, MD

Module 6c - Medication Systems and Documentation – Part 2

1. Since this is a **dose change**, you must first cross out the remaining days on the current MAR.
 - a. Warfarin is currently being taken at 3 mg daily (three 1 mg tablets). The days that he has already taken it are already initialed.
 - b. The prescription was picked up at 4 pm and it states to “start tomorrow”, since today’s dose has already been taken.
 - c. Since there is a new dose starting on the 6th, which is a Wednesday, all the dates after today are crossed out and a stop date is added.

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11	12
Warfarin 1mg	start	2 pm	nr	nr	nr	nr	nr	X	X	X	X	X	X	X
3 tablets	8/4/07													
by mouth	stop													
daily	2/5/18													

2. Next, you must **transcribe the new instructions** onto the MAR. There are **two different doses**, depending on the day of the week, for the same drug which means you must use two separate medication lines.
 - a. The first set of instructions is: “2 tablets po q M, W, F”. This means that two 1 mg tablets are taken each week on Monday, Wednesday, and Friday.
 - b. The prescription was written on 2/5 with instructions to start “tomorrow” which would be 2/6. You were told that 2/6 is a Wednesday therefore you know that this 2-tablet dose starts on 2/6 and would also be taken on 2/8 and 2/11.
 - c. Since this dose is not given on Saturday, Sunday, Tuesday or Thursday, those days need to be crossed out on the MAR.
 - d. You were also given the information that the medication is taken at 2 pm.

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11	12
Warfarin 1 mg	start													
2 tablets by mouth	2/6/18	2 pm	X	X	X	X	X		X		X	X		X
on Monday,	stop													
Wednesday and Friday														

Module 6c - Medication Systems and Documentation – Part 2

3. It may be easier to fill out and read the MAR if the days of the week are indicated below the date. These notations can be abbreviated.

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11	12
Warfarin 1 mg	start							W	Th	F	S	S	M	T
2 tablets by mouth	2/6/18	2 pm	X	X	X	X	X		X		X	X		X
on Monday,	stop													
Wednesday and Friday														

4. Next, transcribe the second set of instructions:
- “3 tablets po q S, S, T, Th which means take three 1 mg tablets on Saturday, Sunday, Tuesday, and Thursday of each week.
 - The start date for this dose would be 2/7.
 - All dates prior to 2/7 would be blocked out and any day that isn’t a Saturday, Sunday, Tuesday, or Thursday would be blocked.

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11	12
Warfarin 1 mg, 2 tablets								W	Th	F	S	S	M	T
by mouth on Monday,	start	2pm	X	X	X	X	X		X		X	X		X
Wednesday and Friday	2/6/18													
Warfarin 1 mg, 3 tablets	start	2pm	X	X	X	X	X	X		X			X	
by mouth on Saturday,	2/7/18													
Sunday, Tuesday,														
and Thursday														

Module 6c - Medication Systems and Documentation – Part 2

The complete MAR with diagnosis and allergies is below:

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11	12
								W	Th	F	S	S	M	T
Warfarin 1 mg	start	2pm	ii	ii	ii	ii	ii	X	X	X	X	X	X	X
3 tablets	8/4/07													
by mouth	stop													
daily	2/5/18													
Warfarin 1 mg, 2	start	2pm	X	X	X	X	X		X		X	X		X
tablets by mouth on	2/6/18													
Monday, Wednesday														
and Friday														
Warfarin 1 mg, 3	start	2pm	X	X	X	X	X	X		X			X	
tablets by mouth on	2/7/18													
Saturday, Sunday,														
Tuesday and Thursday														
Diagnosis: atrial fibrillation														
Allergies:	Shellfish, penicillin				IN		Name:			IN		Name:		
Brian Hunter	Dr Ron Davis				ii		Ingrid Inez			TJ		Tim Jacobs		
DOB: 1/3/40	Phone: 442-6779				CP		Carol Peters							

Module 6c - Medication Systems and Documentation – Part 2

Example #4: Caleb Harris has seizures. He saw Dr. Davis on the afternoon of February 1 and was prescribed a new medication, Depakote. You pick up the medication that afternoon. At the adult family home, after comparing the medication you picked up to your copy of the prescription, you transcribe the new medication onto the MAR. Caleb is allergic to Tegretol and penicillin.

Davis and Hartman Medical Group, PLLC 1011 Jackson, Olympia, WA 98504 406-442-6779
February 1, 2018
Name: <i>Caleb Harris</i>
DOB: 1/3/40
Rx:
<i>Depakote 500 mg</i>
<i>Sig: one-tab po q am for 1 week, then BID for seizures</i>
<i>Disp: one-month supply</i>
<i>Refill x 11</i>
Signed: <u><i>Ron Davis, MD</i></u>
Ron Davis, MD

1. There is one medication but **two dosing schedules** which requires using two separate lines of the MAR.
2. **Write out each set of dosing instructions** – remember to write out the route and how often it is taken in one day and how long the medication should be taken before stopping it, if known.

Medication	FEB	HR	1	2	3	4	5	6	7	8	9	10
Depakote 500 mg	start											
1 tablet by mouth												
every morning for												
one week, then												
Depakote 500 mg	start											
1 tablet by mouth												
twice daily												

Module 6c - Medication Systems and Documentation – Part 2

3. Determine the start date for each dose.
 - a. For the first week it is to be given in the morning only, so you would start the new medication the following morning which would be 2/2 as you did not get the medication until the afternoon of 2/1.
 - b. The twice daily dose starts one week (7 days) later so start date is 2/9.
 - c. Write in the hours that it is to be given such as those given below.

Medication	FEB	HR	1	2	3	4	5	6	7	8	9	10
Depakote 500 mg	start	7am										
1 tablet by mouth	2/2/18											
every morning for												
one week, then												
Depakote 500 mg	start	7am										
1 tablet by mouth	2/9/18											
twice daily		8pm										

4. Block out the dates prior to the starting dates and after the first week.
 - a. You can also add a stop date for the first dosing schedule.

Medication	FEB	HR	1	2	3	4	5	6	7	8	9	10
Depakote 500 mg	start	7am	X								X	X
1 tablet by mouth	2/2/18											
every morning for	stop											
one week, then	2/8/18											
Depakote 500 mg	start	7am	X	X	X	X	X	X	X	X		
1 tablet by mouth	2/9/18											
twice daily		8pm	X	X	X	X	X	X	X	X		

Module 6c - Medication Systems and Documentation – Part 2

On Your Own: Patient Sample - MAR Training Exercise

(Answers are in your Appendix)

Using the MARs on the following pages (26, 27, 28), to answer the following questions for Resident: Patient Sample

1. Which of Patient's medications require precaution when handling? _____
 - a. What is the precaution on the drug label? _____
 - b. What is on the Medication Administration Record (MAR) to let you know a precaution is required? _____
2. Patient has a dermatitis rash flare up. There is a triamcinolone 0.1% cream with directions to apply to affected area(s) twice daily as needed for rash. This is a "PRN" order on their active MAR. You have been using this order twice daily every day for more than two weeks. What should you do? (Choose one answer)
 - a. Call/fax the prescriber and ask for advice and change to routine order twice daily until rash is cleared.
 - b. Keep using it as a routine order; regularly twice daily even though it is written as a "PRN" order.
 - c. Stop logging the "PRN" doses because it is too much work.
 - d. Try to talk the resident into using it once daily instead of twice a day.
3. Patient has a 3-day supply of hydrocodone/acetaminophen "PRN" order left. Patient has an appointment in 3 days with their Prescriber. Prescriber has denied a request for a prescription refill before the appointment as Patient's pain control needs to be re-evaluated. You should do all the following **except**:
 - a. Keep all documents from the pharmacy regarding the denial with your communication log
 - b. Make sure Patient keeps their appointment in 3 days to re-evaluate pain medication.
 - c. Discontinue medication today and stop giving the remaining doses.
 - d. If prescriber authorizes another prescription after the appointment, follow up with the pharmacy to make sure the medication is delivered as soon as possible.
4. Patient has had diarrhea for a couple of days. Which actions should you take? (Check all that apply)
 - a. Check the MAR to see which medications could be causing diarrhea and call the pharmacy to confirm your finding.
 - b. Stop giving docusate routine order prescribed for constipation.
 - c. Call the prescriber's office to ask for "hold for loose stool" parameter to be added to docusate order.
5. A Prescriber sends you a "May Crush Meds" order. Review the medications below. Which ones cannot be crushed, and why? Choose all that apply:
 - a. _____ Citalopram 10mg tablet _____
 - b. _____ Cal-Gest (Tums) 500mg chewable tablet _____
 - c. _____ Docusate 250mg soft gel _____
 - d. _____ Metoprolol Succ. ER (extended release) 50mg tablet _____

Module 6c - Medication Systems and Documentation – Part 2

6. You receive a “May Crush Meds” order for patient. What should you do? (select all that apply)
([WAC 388-76-10465](#))
- a. Review all Patient’s medications to see which ones can be crushed, start crushing the meds, and give them to Patient.
 - b. Call/Fax the prescriber’s “May Crush Meds” order to the pharmacy and ask the pharmacist to review resident’s med list for crushable meds and fax back a signed and timed/dated consult.
 - c. Call the pharmacy and verbally consult with a pharmacist regarding all crushable medications, keep written records all your answers and pharmacist’s name/time/date of call in your communication binder or resident’s binder.
 - d. Each time you give a crushed medication to Patient, let them know that their medications were crushed and added to their food/drink.
7. Patient has a Blood Pressure of 120/80 and a Pulse of 59 this morning.
- a. Which medication should be held this morning? _____
 - b. Why? _____
 - c. How would this be noted on the MAR? _____
8. Lorazepam is a psychopharmacological medication prescribed for anxiety. A new “PRN” order for Lorazepam (1mg tablet) was added for Patient starting at the first of the month. Select all actions you should take:
([WAC 388-76-10463](#))
- a. Add lorazepam to list of psychopharmacologic medications in the Negotiated Care Plan.
 - b. Make sure Patient’s assessment indicates that a psychopharmacological medication is necessary to treat their medical symptoms.
 - c. Make sure Patient’s negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms of anxiety for which lorazepam was prescribed.
 - d. Make sure Patient or Patient’s representative is aware they are taking the psychopharmacologic medication and what they are taking it for.
9. Patient received an order from their prescriber that they can independently self-administer all their prescriptions and to make allowances for them to keep their medications securely locked in their room. How would you respond? (select all that apply)
([WAC 388-76-10445](#))
- a. A new lock is placed on Patient’s door. Patient can keep their medications in an unlocked closet drawer since their room will be locked.
 - b. You must update Patient’s assessment and negotiated care plan regarding this new order.
 - c. You should still initial the MAR after each medication is taken after verifying with Patient by asking if they took their medication.
 - d. Purchase a securely locked cabinet for Patient’s room and set up all the medications in that cabinet for them.

Module 6c - Medication Systems and Documentation – Part 2

10. Patient is refusing all medication this morning and says they don't feel well. What should you do? (select all which apply) ([WAC 388-6-10435](#))
- a. Tell Patient they have no right to refuse medications.
 - b. Approach Patient in about 15 minutes to see if they feel better and are alright with taking their medications.
 - c. Patient asks for their medications 1 hour later you tell them it is too late to take their medications and refuse to give them to Patient.
 - d. After you approach Patient a couple of times, log medication refusal on the MAR and start doing vitals if Patient not feeling well.
 - e. After you approach Patient a couple of times, log medication refusal on the MAR and contact their prescriber
11. Patient dies this week, and their family member is at your house trying to pick up all Patient's medications. What do you do? (select all which apply) ([WAC 388-76-10490](#))
- a. You let the family member know you are required to safely dispose of all medications for resident who dies. They cannot be given away or returned to the pharmacy.
 - b. You let the family member take the medication after they promise to dispose all the medications in a safe manner.
 - c. You let the family member take the medication, after all, they are Patient's personal representative.
12. Cal-gest (Tums) has been discontinued for over a week. Patient is asking for Tums again because of heartburn. What **shouldn't** you do? (select all the **wrong answers**)
- a. Give Patient another tablet and call the prescriber.
 - b. You let Patient know you need to get a new prescription before you can give them Tums again and contact the prescriber via phone/fax.
 - c. You write a note of to re-activation the order on your MAR and start giving Patient the Tums daily again.
13. It is the middle of the month and prescriber added a new order for a 10-day antibiotic treatment. Which items would need to be added to the MAR to add the new order? (select all that apply)
- a. Drug name
 - b. Drug strength
 - c. Drug frequency
 - d. Treatment duration
 - e. Prescriber's name
 - f. Start date of the order
 - g. Initials of caregiver adding the order to the MAR

Module 6c - Medication Systems and Documentation – Part 2

14. Prescriber called you and asked to hold Warfarin for 5 days prior to orthopedic surgery. What important steps should you take? (select all which apply)
- a. Ask prescriber to fax you this “hold order” with a signature.
 - b. Fax over warfarin hold order to Patient’s pharmacy.
 - c. Mark clearly on the MAR that warfarin is to be held for 5 days.
 - d. Let all your caregivers know about the hold warfarin order.
 - e. Put a visible note on the warfarin package to hold for 5 days (with dates included).
 - f. You continue the daily dose of warfarin after Patient’s guardian calls and tells you not to hold warfarin since Patient will be at high risk for a blood clot.
15. Patient’s prescriber faxes you a new order for Prednisone which tapers the dosage over 20 days with the following directions: Prednisone 10mg daily for 5 days, then 7.5mg daily for 5 days, then 5mg daily for 5 days, then 2.5 mg daily for 5 days, then stop. How would you enter this order on the MAR?

Module 6c - Medication Systems and Documentation – Part 2

Notes:

Module 6c - Medication Systems and Documentation – Part 2

ROUTINE MEDICATIONS				INDEPENDENT HOME DELIVERY																															
Medications				HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CALCIUM ANTACID 500 MG CHW T 08/01/18 TUMS TABLET CHEWABLE CHEW & SWALLOW 1 TABLET BY MOUTH DAILY AT NOON RX# 7186627				HEARTBURN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				12PM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
CITALOPRAM HBR 10 MG TABLET 08/01/18 CELEXA 10 MG TABLET TAKE 1 TABLET BY MOUTH EVERY MORNING RX# 7449571				MAJOR DEPRESSIVE DISORDER, RECURRENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				8AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DOCUSATE SODIUM 250 MG SOFTG 08/01/18 TAKE 1 CAPSULE BY MOUTH TWICE DAILY RX# 7186626				CONSTIPATION, UNSPECIFIED	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				8AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
METOPROLOL SUCC ER 50 MG TAB 08/01/18 TOPROL XL 50 MG TABLET TAKE 1 TABLET BY MOUTH EVERY MORNING (HOLD FOR SBP<100 OR P<60) *BINGO*				ESSENTIAL (PRIMARY) HYPERTENSION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				8AM	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				SBP	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
				HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Continued...					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
WARFARIN SODIUM 4 MG TABLET 11/01/19 COUMADIN 4 MG TABLET TAKE 1 TABLET BY MOUTH EVERY EVENING ON TUES/THURS/SAT/SUN**HANDL Continued... E WITH GLOVES** RX# 7548109				ATRIAL FIBRILLATION AND FLUTTER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	2											

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REV 8/12
www.integratesupplies.com
REORDER FROM: INTEGRAL RX 800-235-0767 FORM M-58 STOCK # 506559

PRN MEDICATIONS			INDEPENDENT HOME DELIVERY																IHD															
Medications			HOOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ACETAMINOPHEN 325 MG TABLET 08/01/18			PAIN, UNSPECIFIED																															
TYLENOL 325 MG TABLET			PRN																															
TAKE 1 TABLET BY MOUTH			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
EVERY FOUR HOURS AS			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
NEEDED FOR PAIN.			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Continued...																																		
NTE:3GM/24RS OF APAP FROM			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ALL SOURCES			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
RX# 7186618			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
C2 HYDROCODONE-ACETAMIN 5-325 M 08/01/18			PAIN, UNSPECIFIED																															
NORCO 5-325 TABLET			PRN																															
TAKE 1 TABLET BY MOUTH			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TWICE DAILY AS NEEDED FOR			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
SEVERE PAIN **CII**			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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RX# 2074723			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
C4 LORAZEPAM 1 MG TABLET 08/01/18			ANXIETY DISORDER, UNSPECIFIED																															
ATIVAN 1 MG TABLET			PRN																															
TAKE 1 TABLET BY MOUTH			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DAILY AS NEEDED FOR			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ANXIETY/AGITATION *CIV*			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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RX# 4074945			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TRIAMCINOLONE 0.1% CREAM 08/01/18			RASH AND OTHER NONSPECIFIC SKIN ERUPTION																															
KENALOG 0.1% CREAM			PRN																															
APPLY TOPICALLY TO			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
AFFECTED AREA(S) TWICE			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DAILY AS NEEDED FOR RASH			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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RX# 7186635			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Physician		Telephone No.	Diagnosis																Store Name															
DR. D. SMITH			HYPERTENSION, DEPRESSION, CONSTIPATION, GERD, A.FIB																READYMEDS PHCY RENTON															
Resident/Patient/Client		Room	Bed	Patient Code	Admin. Date	Sex	Date of Birth	Allergies																Charting For/Through		Page No.								
SAMPLE, PATIENT A				SAMPPA			08/01/2005	CODEINE, PENICILLINS																020122-022822		3								
																	OF		3															

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Module 6c - Medication Systems and Documentation – Part 2

PRN MEDICATIONS				INDEPENDENT HOME DELIVERY																IHD															
Medications				HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ACETAMINOPHEN 325 MG TABLET 08/01/18				PAIN, UNSPECIFIED																															
TYLENOL 325 MG TABLET				PRN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TAKE 1 TABLET BY MOUTH					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
EVERY FOUR HOURS AS					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
NEEDED FOR PAIN.					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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NTE:3GM/24RS OF APAP FROM					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ALL SOURCES					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RX# 7186618					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
C2 HYDROCODONE-ACETAMIN 5-325 M 08/01/18				PAIN, UNSPECIFIED																															
NORCO 5-325 TABLET				PRN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TAKE 1 TABLET BY MOUTH					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TWICE DAILY AS NEEDED FOR					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
SEVERE PAIN **CII**					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Continued...					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RX# 2074723					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
C4 LORAZEPAM 1 MG TABLET 08/01/18				ANXIETY DISORDER, UNSPECIFIED																															
ATIVAN 1 MG TABLET				PRN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TAKE 1 TABLET BY MOUTH					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAILY AS NEEDED FOR					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
ANXIETY/AGITATION *CIV*					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Continued...					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RX# 4074945					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TRIAMCINOLONE 0.1% CREAM 08/01/18				RASH AND OTHER NONSPECIFIC SKIN ERUPTION																															
KENALOG 0.1% CREAM				PRN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
APPLY TOPICALLY TO					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AFFECTED AREA(S) TWICE					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
DAILY AS NEEDED FOR RASH					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Continued...					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
RX# 7186635					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Physician		Telephone No.		Diagnosis																Store Name															
DR. D. SMITH				HYPERTENSION, DEPRESSION, CONSTIPATION, GERD, A.FIB																READYMEDS PHCY RENTON															
Resident/Patient/Client		Room	Bed	Patient Code	Admin. Date	Sex	Date of Birth	Allergies																Charting For/Through		Page No.									
SAMPLE, PATIENT A				SAMPPA			08/01/2005	CODEINE, PENICILLINS																020122-022822		3									
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Module 6c - Medication Systems and Documentation – Part 2

NOTES:

Module 6c - Medication Systems and Documentation – Part 2

CLASS ACTIVITY: Filling Out the MAR

1

Lilly is ill with a cough and fever. You take her to the Acute Care Clinic on Saturday morning, April 4th. Dr. Fletch diagnosed Lilly with bronchitis and wrote out a prescription for her treatment. Lilly is allergic to sulfa.

You have picked up the prescriptions and must now set up the Medication Administration Record, so you are able to help Lilly with her medications. It is 1 pm. Here is the prescription. Fill out the MAR using no abbreviations except you may abbreviate “mg”.

Put in your name and initials and “sign out” the first dose.

	Acute Care Clinic 25 West 6 th Street Olympia, WA 59601 406-444-7890
<i>April 4, 2009</i>	
Name: <i>Lilly Meyer</i>	
Date of Birth: <i>1/23/84</i>	
Rx:	
<i>Zithromax 250 mg</i>	
<i>Disp: # 6</i>	
<i>Sig: two tabs po ASAP, then <u>one tab</u> po daily x 4 more days for bronchitis</i>	
Signed: <u><i>Dan Fletch, MD</i></u>	
Dan Fletch, MD	

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record (MAR) For Lilly Meyer

Medication	April	HR	1	2	3	4	5	6	7	8	9	10	11	12	13
	start														
	start														
Diagnosis:															
Allergies:						IN	Name		IN	Name					
Name:		Physician:													
Date of Birth:		Phone number:													

Module 6c - Medication Systems and Documentation – Part 2

GROUP ACTIVITY: Filling Out the MAR

2

Liz is ill with a cough and fever. She is seen in the emergency room during the night and prescribed medications for bronchitis. She has allergies to sulfa.

You return to the adult family home with Liz at 6 am and prepare to give her the medications that were prescribed and given to you as you left the hospital.

Using the following prescription, fill out the MAR, using no abbreviations (except “mg” and “ml” may be used).

<p>Park Street Acute Care Clinic 238 West 5th Avenue Olympia, WA 98501 (406) 442-2116</p> <p>October 3, 2019 Liz Norman DOB: 7/22/88</p> <p>RX:</p> <p>Augmentin 875 mg Sig: one tablet po BID with food; give first tablet this morning for bronchitis Disp: 20 No refills</p> <p>Robitussin AC 10mg/5 ml Sig: 10 ml po QID for 5 days starting this morning for cough Disp: 200 ml No refills</p> <p>Signed: <u>Dan Fletch, M.D.</u></p>
--

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record for Liz Norman

Medication	Oct	HR	1	2	3	4	5	6	7	8	9	10	11
Diagnosis:													
Allergies:					IN	Name			IN	Name			
Name:		Physician: Phone:											
DOB:													

Module 6c - Medication Systems and Documentation – Part 2

3

John saw his physician yesterday, March 31st, for a routine visit. His recent blood test showed that he needs his Coumadin® dose adjusted. He has been taking Coumadin® 1 mg, 3 tabs at 2 pm daily since 1/2/09 and is now being changed to 1 mg, 3 tabs alternating with 2 tabs every other day.

You picked up the prescription on April 1st and must now set up the Medication Administration Record, so you are able to help John with his medication for the day. John has atrial fibrillation; he is allergic to penicillin.

Here is the prescription. Fill out the MAR starting April 1st with the new dosing schedule. Use no abbreviations except “mg” and “tab”.

Physician's Clinic 40 West 6 th Street Olympia, WA 59601 406-444-7890	
Date:	<i>March 31, 2009</i>
Name:	<i>John Harper</i>
Date of Birth:	<i>6/8/50</i>
Rx:	
<i>Coumadin 1 mg</i>	
<i>Disp: 1 month supply</i>	
<i>Sig: 2 tabs po starting tomorrow, alternating with 3 tab po every other day for atrial fibrillation.</i>	
<i>Refill x 1 year</i>	
Signed: <u><i>Jim Johnson, MD</i></u>	
Jim Johnson, MD	

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record for John Harper

Medication	April	HR	1	2	3	4	5	6	7	8	9	10	11	12	13
	start														
	start														
	start														
Diagnosis:															
Allergies:						IN	Name		IN	Name					
Name:		Physician:													
Date of Birth:		Phone number:													

Module 6c - Medication Systems and Documentation – Part 2

On Your Own: Filling Out the MAR, Scenarios 5-8

(Answers are located in your Appendix)

4

Jim Hill has atrial fibrillation and is taking warfarin for this. Currently he is taking warfarin 2 mg at 2 pm daily. He had his protime/INR tested on January 31. The following morning (which is a Friday) his physician gives you a new prescription for warfarin with a change in dose. That same morning, you pick up the prescription and transcribe the new orders to the MAR. Jim has no allergies.

Using the following prescription, fill out the MAR. Use no abbreviations except “mg”.

Davis and Hartman Medical Group, PLLC 1011 Jackson, Olympia, WA 59604 406-442-6779
February 1, 2015
Name: <i>Jim Hill</i>
DOB: 1/3/56
Rx:
<i>Warfarin 1 mg</i>
<i>Sig: 3 tablets po q 2 pm M, W, F and 2 tablets po q 2 pm S, S, T, Th</i> <i>for atrial fibrillation</i>
<i>Disp: one-month supply</i>
<i>Refill x 11</i>
Signed: <i>Ron Davis, MD</i>
Ron Davis, MD

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record for Jim Hill

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11	12
	start													
	start													
Diagnosis:														
Allergies:						IN	Name:		IN	Name:				
Name:	Physician:					nr	Nan Rogers		TJ	Tim Jacobs				
Date of Birth:	Phone number:					CP	Carol Peters							

Module 6c - Medication Systems and Documentation – Part 2

5

Ricky Beck saw his physician for a routine office visit. His physician, Dr. Thompson, started Ricky on Topiramate for seizures. You have picked up the prescriptions at 4 pm and must now set up the Medication Administration Record and help Ricky with his medications. Ricky is allergic to sulfa drugs.

Here is the prescription. Fill out the MAR using no abbreviations except “mg”. Fill in the diagnosis and any allergies.

Physician's Clinic
25 West 10th Street
Olympia, WA 59601
406-447-9812

April 4, 2021

Ricky Beck

DOB: 4/8/82

Rx:

Topiramate 50 mg

Sig: one po q hs x 5 days, then one po bid for seizures

Disp: 60

Refill x 1 year

Signed: *Jack Thompson, MD*

Jack Thompson, MD

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record (MAR) for Ricky Beck

Medication	April	HR	1	2	3	4	5	6	7	8	9	10	11	12	13
	start														
	start														
Diagnosis:															
Allergies:						IN	Name		IN	Name					
Name:	Physician:														
Date of Birth:	Phone number:														

Module 6c - Medication Systems and Documentation – Part 2

6

Mary Smith has asthma and recently came down with a viral infection. She was having difficulty breathing so saw Dr. Hartman this morning, March 1st. He prescribed prednisone to help treat the inflammation. Mary is allergic to Penicillin.

You picked up her prescription at noon and now must help Mary take her medications. First you must make out the new MAR using this prescription.

Davis and Hartman Medical Group, PLLC
1011 Jackson
Olympia, WA 59604
406-442-6779

March 1, 2009

Mary Smith

DOB: *11/4/55*

Rx:

Prednisone 10 mg

Disp: 9

*Sig: 3 tabs po ASAP today, 2 tabs po q am for 2 days,
1 tab po q am for 2 days and stop. For inflammation caused by viral
infection*

Signed: *Jim Hartman, MD*
Jim Hartman, MD

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record (MAR) for Mary Smith

Medication	March	HR	1	2	3	4	5	6	7	8	9	10	11	12	13
	start														
	start														
	start														
Diagnosis:															
Allergies:						IN	Name		IN	Name					
Name:		Physician:													
Date of Birth:		Phone number:													

Module 6c - Medication Systems and Documentation – Part 2

7

Mary Smith has asthma and recently came down with bronchitis. She was having difficulty breathing so saw Dr. Hartman this morning, March 1st. He prescribed prednisone to help treat the inflammation and an antibiotic. Mary is allergic to Sulfa.

You picked up her prescription at noon. Fill out the MAR completely using the information above and the prescription below.

Davis and Hartman Medical Group, PLLC
1011 Jackson
Olympia, WA 59604
406-442-6779

March 1, 2009

Mary Smith

DOB: 11/4/55

Rx:

Prednisone 10 mg

Disp: 8

Sig: take 4 tablets ASAP, then one tablet po q am until gone for bronchitis.

Biaxin 500 mg

20

Sig: one po bid until gone for bronchitis.

Signed: *Jim Hartman, MD*
Jim Hartman, MD

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record (MAR) for Mary Smith

Medication	March	HR	1	2	3	4	5	6	7	8	9	10	11	12	13
	start														
	start														
	start														
Diagnosis:															
Allergies:						IN	Name			IN	Name				
Name:		Physician:													
Date of Birth:		Phone number:													

Module 6c - Medication Systems and Documentation – Part 2



ASSIGNMENT #8: Filling Out the MAR

You can use either the blank MS Word MAR or the detailed template on the following page. Download the templates from your college platform/instructor.



Rose is taken to Urgent Care for dysuria. She is diagnosed with a UTI and prescribed medication. She is also going to have a dental exam soon and needs lorazepam to help her relax for the appointment due to anxiety associated with dental visits. She is allergic to sulfa.

Here is the prescription, you picked up the medication at 3 pm. Fill out the MAR appropriately. Using the following prescription, fill out the MAR, using no abbreviations (except “mg” may be used).

Davis and Hartman Medical Group, PLLC
1011 Jackson, Olympia, WA 59604
406-442-6779

February 3, 2015
Name: Rose Smith
DOB: 1/3/59

Rx:

Cipro 250 mg

Sig: one tablet po BID for urinary tract infection

Disp: 6

No refills

Lorazepam 2 mg

Sig: give one tablet po on the morning of 2/10/15 for anxiety

Disp: 1

Signed: *Ron Davis, MD*

Ron Davis, MD

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record (MAR) for Rose

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11
	start												
	start												
Diagnosis:													
Allergies:					IN	Name:		IN	Name:				
Name:	Dr:				nr	Nan Rogers		TJ	Tim Jacobs				
DOB:	Phone:				CP	Carol Peters		ty	Troy Yates				

Module 6c - Medication Systems and Documentation – Part 2

To use the template below, download it from your college's platform/instructor and follow the instructions on the template.

ASSIGNMENT #8 - Fill Out The MAR														
Medication Administration Record (MAR) for Rose Smith														
How To Use This Template:														
Option 1: Click File > Make a Copy. This creates an editable copy to your Google Drive.														
Option 2: Click File > Download > Microsoft Excel. This prompts you to save an editable copy on your computer.														
Once complete, upload your finished assignment to CANVAS: Assignments > Assignment #8														
⚠ NO NEED TO REQUEST EDITING PRIVILEGES :-)														
⚠ Enter Your Information in GREEN CELLS ONLY														
Student Name:		Date Completed:												
Prescription							Instructions							
Dale and Hartman Medical Group, PLLC. 1011 Jackson, Olympia, WA 98501 (360) 360-3600							Rose is taken to Urgent Care for dysuria. She is diagnosed with a UTI and prescribed medication.							
Date: February 3, 2015							She is also going to have a dental exam soon and needs Lorazepam to help her relax for the appointment due to anxiety associated with dental visits.							
Name: Rose Smith							She is allergic to Sulfa.							
DOB: 1/3/1959							You picked up the medication at 3 pm.							
RX 1:			RX 2:				Using the prescription, fill out the MAR appropriately. Don't use medical abbreviations except for "mg" (milligrams).							
Cipro 250 mg			Lorazepam 2 mg											
Sig: One tablet po BID			Sig: One one tablet po on the morning of 2/10/2015											
Disp: 6			Disp: 1											
No Refills			No Refills											
Signed: Ryan Davis, MD			Signed: Ryan Davis, MD				Ron Davis, MD							
Medication 1		FEB	Time	1	2	3	4	5	6	7	8	9	10	11
		Start												
		End												
Medication 2		Start												
		End												
ROSE SMITH			Dr. Ron Davis, MD				Init		Name		Init		Name	
Diagnosis:			(360) 360-3600				NR		Nax Rogers		TJ		Tim Jacobs	
Allergies:							CP		Carol Peters		TY		Troy Yates	
DOB:														

Module 6c - Medication Systems and Documentation – Part 2

CLASS ACTIVITY: Transcription Errors

Example #1: Mary Hunter has epilepsy, and she is allergic to sulfa. She is currently taking Tegretol 400 mg TID and Depakote was recently added. On the morning of February 11, you are about to assist Mary with her medications. As you set up her medications and while checking the medications against the MAR, you notice some problems.

Using the prescription supplied:

1. Find at least 5 errors.
2. Describe each error, numbering them 1 through 5
3. Place the corresponding number of the error onto the MAR at the spot where the error occurred.

Davis and Hartman Medical Group, PLLC
1011 Jackson, Olympia, WA 98504
406-442-4779

February 2, 2019

Name: *Mary Hunter*

DOB: 6/3/62

Rx:

Depakote 250 mg

*Sig: one capsule BID for one week starting tonight,
then increase to 2 capsules BID*

Disp: 98

Refill x 1 year

Signed: *Ron Davis, MD*

Ron Davis, MD

Module 6c - Medication Systems and Documentation – Part 2

Medication Administration Record with transcription Errors

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11
Tegretol 400 mg	start	7 am	nr	nr	nr	nr	nr		tj	tj	tj	tj	
by mouth	6/5/07	2 pm	nr	nr	nr	nr	nr	tj	tj	tj	tj	tj	
three times daily		8 pm	cp	cp	cp	VL	VL	VL	VL	VL	cp	cp	
Depakote 250 mg	start	7 am	X	X	nr	nr	nr	tj	tj	tj	tj	tj	
one capsule by mouth													
daily for one week,													
then													
Depakote 250 mg	start	7 am	X	X	X	X	X	X	X	X	X		
one capsule by mouth													
twice daily		8 pm	X	X	X	X	X	X	X	X		cp	

Diagnosis:

Allergies:	sulfa	IN	Name:	IN	Name:
Mary Hunter	Dr Ron Davis	nr	Nan Rogers	tj	Tim Jacobs
DOB: 6/3/64	Phone: 442-6779	cp	Carol Peters	VL	Val Lawry

Answers: Errors Explained

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11
Tegretol 400 mg	start	7 am	nr	nr	nr	nr	nr	1	tj	tj	tj	tj	
by mouth	6/5/07	2 pm	nr	nr	nr	nr	nr	tj	tj	tj	tj	tj	
three times daily		8 pm	cp	cp	cp	VL	VL	VL	VL	VL	cp	cp	
Depakote 250 mg	start	7 am	X	X	nr	nr	nr	tj	tj	tj	tj	tj	
one capsule by	4, 5											7	
mouth daily 2 ,		8pm		3	3	3	3	3	3	3			
for one week then		4		4									
Depakote 250 mg	start	7 am	X	X	X	X	X	X	X	X	X	7	
two capsules by	5												
mouth twice daily		8 pm	X	X	X	X	X	X	X	X	6	cp	

Diagnosis: **8**

Allergies:	sulfa	IN	Name:	IN	Name:
Mary Hunter	Dr Ron Davis	nr	Nan Rogers	tj	Tim Jacobs
DOB: 6/3/64 9	Phone: 442-6779	cp	Carol Peters	VL	Val Lawry

Module 6c - Medication Systems and Documentation – Part 2

1. Tegretol not signed out as having been given on 2/6.
2. Transcription error: prescription lists BID, MAR states daily
3. No evening meds given for 8 doses.
4. Prescription states Depakote was to start “tonight” on 2/2 but wasn’t given.
5. No start dates.
6. Dose changed after 1-week; higher dose should be started on 2/9 for pm dose.
7. On 2/10, the lower dose was given instead of the higher dose of 2 capsules.
8. No diagnosis.
9. Wrong birthdate.

This is how the MAR should look:

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10	11
Tegretol 400 mg by mouth three times daily	start	7 am	nr	nr	nr	nr	nr	tj	tj	tj	tj	tj	
	6/5/07	2 pm	nr	nr	nr	nr	nr	tj	tj	tj	tj	tj	
		8 pm	cp	cp	cp	VL	VL	VL	VL	VL	cp	cp	
Depakote 250 mg one capsule by mouth twice daily for one week then	start	7 am	X	X	nr	nr	nr	tj	tj	tj	tj	X	X
	2/2/19												
		8pm	X	cp	cp	VL	VL	VL	VL	VL	x	X	X
Depakote 250 mg two capsules by mouth twice daily	start	7 am	X	X	X	X	X	X	X	X	X	tj	
	2/9/19												
		8 pm	X	X	X	X	X	X	X	X	cp	cp	
Diagnosis: epilepsy													
Allergies:	sulfa				IN	Name:				IN	Name:		
Mary Hunter	Dr Ron Davis				nr	Nan Rogers				tj	Tim Jacobs		
DOB: 6/3/62	Phone: 442-6779				cp	Carol Peters				VL	Val Lawry		

Module 6c - Medication Systems and Documentation – Part 2

Example #2: Marcy Bender has epilepsy and significant anxiety, especially surrounding visits to the dentist. She is allergic to penicillin. Marcy was seen on the morning of February 2 and new medications were prescribed. She was also given a prescription for lorazepam to take just prior to her next dental appointment which is scheduled for the morning of February 5. On February 6, you prepare to assist Marcy with her medications. As you set them up, reviewing the MAR and prescription, you see some errors have occurred.

1. Compare the prescription and the MAR and find at least 6 errors.

Davis and Hartman Medical Group, PLLC 1011 Jackson, Olympia, WA 98501 406-442-6779	
February 2, 2019	
Name: <i>Marcy Bender</i>	DOB: 3/7/65
Rx: <i>Oxcarbazepine 300 mg</i> <i>Sig: one po BID starting 2/3</i> <i>Disp: 60</i> <i>Refill x 11</i> <i>Lorazepam 1 mg</i> <i>Sig: give two tablets po on the morning of 2/5/19</i> <i>Disp: 2</i> <i>No refills</i> Signed: <i>Ron Davis, M.D.</i> <div style="text-align: center; font-size: small;">Ron Davis</div>	

Medication Administration Record with transcription errors

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10
Oxcarbazepine	start	7 am	X	X	nr	nr	nr					
300 mg	2/2/19											
by mouth BID		8 pm	X	VL	VL	VL	VL					
Ativan 1 mg	start	7 am	X	X	VL	VL						
daily	2/3/19											
Diagnosis: bipolar disorder												
Allergies: sulfa					IN	Name:		IN	Name:			
Marcy Bender	Dr Ron Davis				nr	Nan Rogers		tj	Tim Jacobs			
DOB: 7/3/65	Phone: 406-442-6779				cp	Carol Peters		VL	Val Lawry			

Module 6c - Medication Systems and Documentation – Part 2

Answers: Error Explained

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10
Oxcarbazepine	start	7 am	X	X	nr	nr	nr					
300 mg	2/2/19											
by mouth BID	2	8 pm	X	VL	VL	VL	VL					
				2								
Ativan 1 mg	start	7 am	X	X	VL	VL	5					
daily	3, 4	2/3/19			5	5						
	5											

Diagnosis: bipolar disorder 6

Allergies: sulfa	7	IN	Name:	IN	Name:
Mary Bender	8	nr	Nan Rogers	tj	Tim Jacobs
DOB: 7/3/65	9	cp	Carol Peters	VL	Val Lawry

1. BID should be written out as twice daily or two times daily
2. Wrong start date: prescription states to start on 2/3
3. Incorrect directions for the dose: should say two tablets on 2/5
4. Does not have directions: should say by mouth or orally, etc.
5. Wrong start date: should be 2/5 when 2 tablets were supposed to be given
6. Wrong diagnoses
7. Wrong allergy
8. Wrong first name
9. Wrong birthdate

This is how the MAR should look:

Medication	Feb	HR	1	2	3	4	5	6	7	8	9	10
Oxcarbazepine	start	7 am	X	X	nr	nr	nr					
300 mg	2/3/19											
by mouth		8 pm	X	X	VL	VL	VL					
twice daily												
Ativan 1 mg	start	7 am	X	X	X	X	nr	X	X	X	X	X
two tablets by mouth	2/5/19											
on the morning of												
2/5/19												
Diagnosis: epilepsy and anxiety												
Allergies: Penicillin					IN	Name:		IN	Name:			
Marcy Bender	Dr Ron Davis				nr	Nan Rogers		tj	Tim Jacobs			
DOB: 3/7/65	Phone: 442-6779				cp	Carol Peters		VL	Val Lawry			

Module 6c - Medication Systems and Documentation – Part 2

Summary Review

During this Module, You Learned...

- How to read and understand the different parts of a MAR
- The correct way to make a change/correction on a MAR
- The steps involved to add a new medication to the MAR
- How to document changes to a resident's medication routine

Test Your Knowledge

True or False



1. A MAR is the record of what prescriptions have been ordered for your resident.
2. "Ditto" marks can be used to save time when filling out the same medication.
3. Transcribing is copying the physician's order onto the MAR.

Get Ready for Your Next Class



- Read assigned modules
- Complete assignment #8, page 45

Acronyms Used in this Module.

Acronym	Description
ASAP	As Soon As Possible
BID	Twice a day
Disp	Dispense
eMAR	Electronic Medication Administration Record
HR	Hour
Hs	Bedtime
INR	Prothrombin time test
MAR	Medication Administration Record
Mg	Milligrams
ml	Milliliters
Oz	Ounce
po	By mouth
PRN	As needed
Prottime	Prothrombin time test
PT	Prothrombin time test
q	Daily
q am	Every morning
qd	daily
RCS	Residential Care Services
Sig	Instructions
TID	Three times a day
UTI	Urinary tract infection

Module 6c - Medication Systems and Documentation – Part 2

Revision Table

Date	Volume	Changes	Page(s)
1/2025	V5.2	<ul style="list-style-type: none">• Minor grammar, formatting corrections• Added/removed, and repaired links throughout• Changed 5 Rights of Medication +1 to +2 (pg. 6c.2)• Added Summary Review (pg. 52)	