

Daily MAR chart checklist for Care Homes

Daily Medicine Administration Record (MAR) Checklist

To be completed once per day. Person completing should check all entries since previous check. Record detail of identified issues, actions required and indicate when resolved using the "MAR chart issues and actions log"

| required and indicate when resolved using the "MAR chart issues and actions log" Check should ideally be completed by a member of the team who hasn't administered medicines on that day's medication round – This is to provide a "Fresh set of eyes". | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|-----------------|-----|-----------------------|----|----------|-------------|---|-----|------------------|-----|------------------|-----|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Month Please circle | Jai | | | Feb | | Ma | | | Apr | | | lay | | Jun | | | ul | | Aug | | | Sep | | Ó | | | Nov | | | ес | |
| Date | 1 st | 2 nd | 310 | 4 [‡] | 5∯ | 6 | 7 th | 8 | 9ф | 10 th | 11⁴ | 12 th | 13⁴ | 14 th | 15 th | 16 th | 17 th | 18 th | 19 th | 20 th | 21 st | 22 nd | 23 rd | 24 th | 25 th | 26 th | 27 th | 28 th | 29 th | 30 th | 31 st |
| Time check undertaken | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have checked: Please tid | ck once | e chec | ked | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All residents have had their medicines offered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ALL the MAR charts for gaps and taken measures to update where necessary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All non-administered medicines have the correct omission code on the MAR and a corresponding note on back of MAR or on eMAR system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All refusals have been re- offered and referred to GP if necessary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All variable dose medicines have the "actual" dose given recorded on the MAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All handwritten entries/amendments (or equivalent) are double signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Approved By: IMOC Approval Date: July 2023 Renew Date: July 2025

| There is sufficient medication for the rest of the cycle or an order has been made | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Signed/Initialled by | | | | | | | | | | | | | | | | |
| Nurse/Senior carer who completed the check | | | | | | | | | | | | | | | | |



MAR chart issues and actions log for Care Homes

| Date | Resident name | Issue to be addressed | Action required | Staff | Resolved (sign name) |
|------|---------------|-----------------------|-----------------|-------------|----------------------|
| | | | | responsible | (sign name) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Approved By: IMOC Approval Date: July 2023 Renew Date: July 2025

Approved By: IMOC Approval Date: July 2023 Renew Date: July 2025