	<p>POLICIES &amp; PROCEDURES</p> <p>Title: <b>MEDICATION ADMINISTRATION RECORD (MAR)</b></p> <p>I.D. Number: <b>1091</b></p>
<p>Authorization:</p> <p>[X] SHR Nursing Practice Committee</p>	<p>Source: Medication Use Quality Committee</p> <p>Cross Index: : SHR Region-Wide Policies &amp; Procedures Manual- # 7311-60-020 <i>High Alert Medications - Identification, Double Check and Labeling</i>; #7311-60-004 <i>Ordering of Medications</i></p> <p>Date Reaffirmed:</p> <p>Date Revised: November 2011</p> <p>Date Effective: January 2007</p> <p>Scope: <b>Royal University Hospital</b> <b>Saskatoon City Hospital</b> <b>St. Paul's Hospital</b></p>

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**\* For brevity's sake in this document, the words "registered or licensed nurse" will be used for references to Registered Nurse(RN), Registered Psychiatric Nurse(RPN), Graduate Nurse(GN), and Licensed Practical Nurse(LPN) and Graduate Practical Nurse(GPN) who have successfully completed the Medication Administration Course.**

**Definition**

Medication Administration Record (MAR) is a preprinted record initiated from Pharmacy with data from the physician's orders. It is used by most inpatient care areas.

- Each MAR covers a 24 hour period from 0000-2359 hours.
- Each patient's MAR for the following 24 hours are printed on the nursing units each evening.
- Medication orders faxed to Pharmacy before the MAR printing are included on the next day's preprinted MAR.
- Scheduled medications appear first followed by PRN medications. See Appendix A.
- The dose to be administered is situated on the second line and is highlighted in bold font.
- For medications that are ordered to be given other than daily (i.e. every other day, once per week), on the day the dose isn't scheduled the MAR will state "No dose for interval (Next dose at \_\_\_)" indicating the hour, day, month & year of the next dose.

Supplementary MAR – is a blank medication record that is completed by the registered or licensed nurse the day the patient is admitted by transcribing the physician medication orders. See Appendix B.

**1. PURPOSE:**

- 1.1 To ensure consistent and correct use of MAR as a permanent chart record which documents all medications given.

## 2. POLICY:

- 2.1 All medications administered will be charted on the MAR with the exception of insulin which will be charted on the diabetic record.

**Note:** In Critical care all insulin will charted on the flowsheet and the MAR.

- 2.2 Notations such as apical pulse rate, temperature, or others may be recorded where applicable on the MAR.

- 2.3 Heparin lock flush orders shall include dose, route and frequency and will be documented on the MAR.

- 2.4 IV infusions and additives will appear "as ordered" in scheduled section of MAR with no hours specified.

### 2.5 High Alert Medications

- 2.5.1 An independent double-check as per the definition in this policy is required prior to the administration of any dose of high-alert medications:

2.5.1.1 Documentation of independent double-checks will be completed on the medication administration record and include providers initials and time of double-check.

2.5.1.2 When an independent double check can not be performed, the professional staff will be aware of and alerted to all high risk medications.

**Note:** *Independent Double-Check of a high-alert medication is a procedure in which two clinicians separately check (alone and apart from each other, then compare results) each component of prescribing, dispensing and verifying the high-alert medication before it is administered to the patient. The clinician checking has to form an independent judgment without cues from the clinician doing the initial work.*

- 2.5.2 Verification of correct medication, dose, rate and route is required at shift change and transfer of care for any intravenous or epidural infusions of high-alert medications.

2.5.2.1 A visual check for correct medication, dose and rate shall be performed at the bedside by the clinician.

2.5.2.2 Following verification at the bedside, documentation of same will be completed on the medication administration record and include clinician initials and time of verification.

**Note:** *At Shift Change & Transfer of Care the clinician accepting care of the patient confirms intravenous and epidural infusions are being administered according to the current prescribed medication order.*

## 3. PROCEDURE:

- 3.1 Documentation (Refer to sample MAR in Appendix A)

**Note:** Licensed Practical Nurses (LPNs) and Graduate Practical Nurses (GPNs) who have successfully completed the Medication Administration course accept, transcribe, process, initiate medication orders, and perform MAR verification. See 3.2

Administration

- 3.1.1 Take the MAR to the bedside with the medications still in their original packaging.
- 3.1.2 Circle and initial the exact time medication was given after the medication is administered. If a medication is given at a time other than what is scheduled, stroke out the scheduled time and indicate the exact time.

Order# 22	RAMIPRIL CAP 10 MG <b>Dose: 10 MG (1 CAP) PO OD</b>	Dr. Smith, John
		

- 3.1.3 If an ordered medication is not administered indicate the reason (ie: refused, held, off unit, on pass) and initial. Do not circle the scheduled time. Do not yellow out the scheduled time unless discontinued.
- 3.1.4 When administering PRN medications, write the time and dose of the medication given, then circle the time and initial. Indicate dose and/or route if there is more than one option. Document the reason for administering the medication and the patient response to the prn medication in the flowsheet/progress notes.
- 3.1.5 When a patient is transferred to another nursing unit and/or acute care site within Saskatoon, send their current MAR and medications with them. Continue to use the same MAR for the remainder of that day.

New and Changed Orders

- 3.1.6 For medications ordered before a MAR has been created (ie: on admission) date and addressograph the "Supplementary MAR" and transcribe the medication order and the administration times. Initial each of these entries on the right hand side of the page. See Appendix B.

**Note:** Refer to Ordering of Medications Policy #7311-60-004 in SHR Policy & Procedure Manual.

- 3.1.7 When a new medication order is received, transcribe the physician's order and administration times onto the existing MAR and initial beside the transcription. Check and initial "MAR" on the physician's order sheet.
- 3.1.8 Communicate all medication orders to Pharmacy by faxing the original physician's order to Pharmacy. Indicate this on the physician's order sheet under the appropriate column. If the order is STAT, fax the order and phone Pharmacy.

**Note:** Medication orders faxed to Pharmacy before MAR printing will be included on the preprinted MAR for the following 24 hours.

- 3.1.9 When a medication is discontinued or a dose/frequency is changed
  - Using a highlighter "Yellow out" the complete order and the remaining times on the MAR and initial at the end of the line.
  - On the physician's order sheet check "MAR" beside the physician's order and initial.

- If the medication is discontinued and there are still doses to be given, indicate on the MAR the medication is discontinued and yellow out only the times that will not be administered. When the last dose has been given, then yellow out the name of the medication
- If the dose/frequency is changed, rewrite the new order and the administration times on a new line. Highlight in yellow the previous order and the times of the doses remaining.

**Note:** Every new order must be a new entry on the MAR. DO NOT change existing orders.

3.1.10 Pre-Operative Medications

3.1.10.1 Pre-operative medications will appear as scheduled medications without the time indicated. "Pre-op" will be indicated in the text of the order.

3.1.11 Post-Operative Medications:

3.1.11.1 If a patient has medications that are being interrupted because of surgery, **do not yellow them out**. Indicate "held" and initial for the doses missed and check the order on return from the OR. If the medications have not changed post-operatively, they can be left on the MAR as is. Medications not re-ordered post-operatively are considered discontinued and need to be highlighted as such.

**Note:** The physician will write medication orders to be administered post-operatively.

3.1.12 IV Infusions

3.1.12.1 Document administration of intravenous solutions and their additives on the MAR as appropriate.

3.1.12.2 Document intravenous medications infusing continuously by indicating the dose/rate during the time interval infused and initial.

Order# 21	HEPARIN IV INFUSION AS ORDERED (DVT & PE Dose: <b>(CHECK CHART FOR CURRENT IV DOSE/RATE)</b> <b>*WATCH FOR SIGNS OF BLEEDING*</b>					Dr. Smith, John (WARDSTOCK)	*
1000 units/hr	1000 units/hr	850 units/hr PTT 105	held PTT 112	550units/hr	550units/hr		
2400-0745 <del>HS</del>	0745-1210 <del>TP</del>	1210-1820 <del>TP/SS</del>	1820-1850 <del>TP</del>	1850-1945 <del>TP/SS</del>	1945- <del>CG</del>		

3.1.13 Parenteral Nutrition

3.1.13.1 Document Parenteral Nutrition bag change daily under scheduled medications.

Order# 17	PARENTERAL NUTRITION Bag ADULT Dose: <b>IV OD AS ORDERED *CHART CURRENT RATE*</b>	Dr. Smith, John
		1907 <del>TP</del>

3.1.14 Enteral Feeds

3.1.14.1 Document additives to enteral feeds. It appears "as ordered" with no hours specified.

3.1.15 Warfarin

3.1.15.1 Document Warfarin as ordered.

Order# 31	WARFARIN AS DIRECTED <b>Dose: *CHECK CHART FOR CURRENT DOSE*</b> <b>Today's dose is _____mg.</b>	Dr. Smith, John
		<b>17</b>

*Note: At shift change or patient transfer, chart administration only after verification is done.*

3.2 MAR Verification

3.2.1 The registered/licensed nurse on night shift checks the previous MAR with the new MAR to ensure:

- All the medications have been carried over correctly,
- The additions on the previous MAR have been added to the new MAR. If a discrepancy is found:
  - Write the correct medication order on the new MAR,
  - Fax a communication slip to pharmacy. See Appendix C,
  - Fax a copy of the physician's order to pharmacy

**Note:**

- *If the word "first" is to the right of the entry, the order is on the MAR for the 1st time and must be checked against the physician orders.*
- *If the word "last" is to the right of the entry, the order is on the MAR for the last time and must be re-ordered by the physician for it to be continued.*

3.2.2 When these checks are completed, initial the **lower left hand corner** of each page of the MAR at "Verified Correct \_\_\_\_\_".

3.2.3 Draw a red line below the last order checked on the physician's order sheet and date, time and initial the line. A dated, timed and initialed red line should appear for each day of the patient's admission.

*Note: Where orders are not written often, the last written order may have several red lines drawn below it.*

4. **REFERENCES:**

Elkin, M., Perry, A., and Potter, P. (2004) *Nursing Interventions and Clinical Skills Textbook*, 3rd Edition. Philadelphia, PA: Mosby, Pg. 412-414.

Medication Administration: Guidelines for Registered Nurses. February 2007. Saskatchewan Registered Nurses Association.

Appendix A

Saskatoon Health Region – Medication Administration Record
24 HOURS FROM 00:00 18-OCT-10 THRU 23:59 18-OCT-10

Name: SAMPLE, PATIENT S
BirthDate: Apr-15-1952

Facility: ROYAL UNIVERSITY HOSPITAL
Location: 3000-1 3007 MRN# 536586
Age: 53 yrs Sex: M

Allergies: CEPHALEXIN (Hives), MOXIFLOXACIN
Comments:

00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22
23

---- Scheduled Medications ----

Table with medication orders including: Order# 21 HEPARIN IV INFUSION AS ORDERED (DVT & PE), Order# 22 RAMIPRIL CAP 10 MG, Order# 31 WARFARIN AS DIRECTED, Order# 15 POTASSIUM CHLORIDE SR TAB 600MG/8MEQ, Order# 16 INSULIN INJ (HUMULIN R) 100 UNITS/ML, Order# 17 PARENTERAL NUTRITION Bag ADULT, Order# 18 COMBIVENT INH 20MCG/120MCG(100 DOSE). Includes dates 08, 17, 19, 06, 12, 18, 22.

Medication Administration List for: SAMPLE, PATIENT S

Verified Correct: \_\_\_\_\_ Registered/Licensed Nurse

Appendix A (continued)

Saskatoon Health Region – Medication Administration Record
24 HOURS FROM 00:00 18-OCT-10 THRU 23:59 18-OCT-10

Continuation of Medication Administration Record for:
SAMPLE, PATIENT S Location: 3000-1 3007 MRN# 536586
Allergies: CEPHALEXIN (Hives), MOXIFLOXACIN

00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22
23

---- Scheduled Medications ----

Order# 19 TAZOCIN 3.375G (50ML NS) IV Q6H Dr. Smith, John
Dose: \*NORMAL (39MIN) OR 100ML/HR (30MINS)\*
Today's dose is \_\_\_\_\_mg.
03 09 15
21

Order# 20 CO-TRIMOXAZOLE TAB 400/80MG Dr. Smith, John
Dose: 2 TABS PO BID EVERY MON,WED,FRI (2 PALIN TABS =
1DS)
10 22

---- PRN Medications ----

Order# 4 dimenhyDRINATE Dr. Smith, John \*Last \*
Dose: 25-50MG IV/PO Q6H PRN (WARDSTOCK)

Order# 5 CHLORPHENIRAMINE TAB 4 MG Dr. Smith, John \*1st \*
Dose: 4 MG (1 TAB) PO TID PRN

Medication Administration List for: SAMPLE, PATIENT S

Verified Correct: \_\_\_\_\_ Registered/Licensed Nurse

Appendix B

SASKATOON HEALTH REGION  
SASKATOON SASKATCHEWAN

RUH  SCH  SPH  Other \_\_\_\_\_

ADDRESSOGRAPH

**SUPPLEMENTARY MEDICATION  
ADMINISTRATION RECORD  
(MAR)**

**ALLERGIES:** \_\_\_\_\_

00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23

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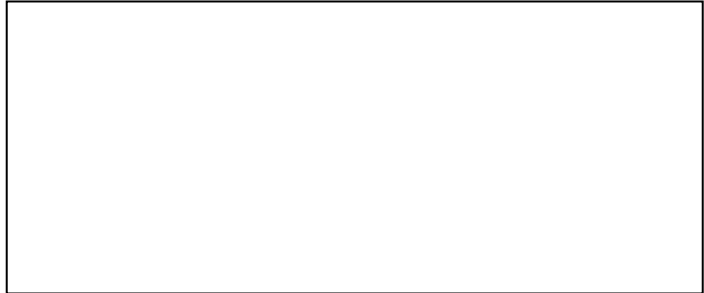
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**VERIFIED CORRECT:** \_\_\_\_\_ **RN DATE:** \_\_\_\_\_ **PAGE:** \_\_\_\_\_





Date & Time: \_\_\_\_\_

### Nursing Pharmacy Communication Slip

Please **FAX** to Pharmacy

#### **MAR correction needed:**

**\*\*FAX the physician order needed to make the correction\*\***

- Ordered drug is missing from the MAR  
List drug(s) involved: \_\_\_\_\_
- Discontinued medication is still active on the MAR  
List drug(s) involved: \_\_\_\_\_
- Medication order on the MAR does not match the physician's order  
List drug(s) involved: \_\_\_\_\_

#### **Change drug administration times on the MAR:**

- Change times for \_\_\_\_\_ (drug name) to \_\_\_\_\_ (hrs)
- Change times for \_\_\_\_\_ (drug name) to \_\_\_\_\_ (hrs)
- Change times for \_\_\_\_\_ (drug name) to \_\_\_\_\_ (hrs)

#### **Change oral dosage forms:**

- Change oral tablets and capsules to liquid medications.  
List drug(s) to be changed: \_\_\_\_\_
- Change liquid medications to oral tablets and capsules  
List drug(s) to be changed: \_\_\_\_\_

Pharmacy will send the type of dosage form requested, whenever this is possible.

- Not all medications are available as liquids or tablets/capsules.
- Sustained release tablets and capsules cannot be changed to liquids.

A new medication order is required to change the route of administration (e.g. oral to IV).

#### **Pass meds needed:**

Pharmacy must be notified in advance to prepare pass meds.

- The patient will be going out on pass from \_\_\_\_\_ hr on \_\_\_\_\_  
(month/day) to \_\_\_\_\_ hr on \_\_\_\_\_ (month/day)

**Requests for ward stock, narcotics, missing doses & refills of multidose items: Phone: RUH 6518 SCH 8501 SPH 5925**

#### **Other:**