

Section: HRMC Division of Nursing

Index: 8620.191c
Page: 1 of 2
Issue Date: June 24, 2005
Revised : 9/07, 12/2010

GUIDELINE

TITLE: MEDICATION ADMINISTRATION RECORD (MAR)

PURPOSE: To provide a medication record on which to transcribe medication orders and document their administration when the electronic medication administration record is not available.

NATURE OF FORM: The MAR is a permanent part of the patient's chart and consists of a front and back section. It must be labeled at the bottom left hand side on the front of each section.

Use black and red pens. A yellow highlighter is used when discontinuing medications or changes in time, dose or frequency of medications.

- A. The following should be recorded in **red** ink:
 - 1. Allergies (no abbreviations)
 - 2. Special instructions (i.e.parameters,when date start and order date differ, odd/even days)
- B. All other transcription should be done in **black** ink.
- C. Initials and full signature **MUST** be entered once per MAR in the signature section.
- D. **Do not** pre-date PRN medication section.
- E. The MAR is to accompany patient when he/she is off the unit.

TARGETED PATIENT POPULATION:

MAR is used during downtime for inpatients, outpatients and surgical services and in all areas and situations not using an electronic medication administration record.

PERSON RESPONSIBLE:

RN, LPN, Unit Secretary, and Monitor Tech may transcribe the orders onto MAR. The nurse who is administering the medication is responsible for use of the MAR.

PLACEMENT:

Kept in binder on designated area in each Nursing Unit until discharged or until electronic record is available. After discharge it becomes a permanent part of the patient's chart and should be placed in the chart before it is sent to Medical Records.

Fully completed MARs are placed in the chart if patient has not been discharged. Place under miscellaneous tab of the chart.

DETAILED INSTRUCTIONS:

A. Routine MAR:

Front:

- 1. Place bar-coded label on front only;
- 2. Write in allergies using red ink.
- 3. Write in date ordered with initials.
- 4. Write in medication, dosage, route, frequency, and site if applicable.
- 5. Dates to be administered.
- 6. List time medication is to be administered. (per pharmacy, PN 005a)
- 7. Separate each order with a red line.
- 8. Corresponding signature for initials.

Back section:

- Same as the front.
- Use the same dates of administration as the front.

If there is no more room to transcribe medication on the existing MAR, start an additional one. If an additional MAR is required, then date it with the same dates as the first one.

B. PRN and STAT MAR: (Separate form for Nursing. Back of routine form for Respiratory MAR)

Front: PRN section:

1. Place bar-coded label on form. (front only)
2. Write in allergies using red ink.
3. Write in date ordered with initials.
4. Write in medication, dosage, route, frequency, reason for prn order will be included with the medication order.
5. When the specific medication is given, write the time/date given and initials, site code if applicable.
6. Have corresponding full signature for initials.

Back: (STAT/ONE TIME/ PRE OPERATIVE MEDICATIONS)

1. Write in order date and initials.
2. Write in medication, dosage, route, frequency, date to be given.
3. When medication given, write in time given and site if applicable.
4. Initial order after medication is given.
5. Have corresponding full signature for initials.

C. Recopying MAR, continuing existing MAR

1. When a medication sheet needs to be recopied, follow all the above instructions to start a new MAR.
2. Use the original order date then write under it "recopy" and write in the recopy date followed by the transcriber's initials.
3. On the old MAR, Bracket off each medication order using the last column or shoulder of the form and write "recopied" date and the initials of the person doing the recopying.
4. After recopying medication have a second person co initial each transcription on the new MAR under the recopy date. One of the two initials must be a RN.

D. Patches

1. For NTG patches, document time of application as well as time of removal. Write the words "on" and "off" on the MAR next to appropriate scheduled time.
2. Refer to 8620.136a Duragesic Patch policy.

