

OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-D-02.7

SUBJECT: MEDICATION ADMINISTRATION RECORD (MAR)

POLICY: Medication Administration Records (MAR) will be maintained for each inmate who has prescribed medications. This record will be maintained on a monthly basis and updated as medication orders are adjusted to meet the health care needs of the inmate.

REFERENCE: NCCHC Standard P-D-02
OAR 855-041-0160
OAR 855-041-0177

PROCEDURE:

- A. Each patient who has prescribed medications will have a Medication Administration Record (MAR). The nurse or other medical staff will transcribe medication orders on the Medication Administration Record (MAR) or utilize the electronically generated MAR sticker label. If other medical staff transcribes the orders, they must be countersigned by a registered nurse.
- B. The following information will be written on the MAR:
 - Patient's name
 - SID number
 - Allergies
 - Drug and strength
 - Route
 - Start and stop dates
 - Administration times
- C. Use of highlighters on the MAR is prohibited. Highlighted areas often become obscured when microfiched, faxed or copied.
- D. If the medication order is changed in any way other than the stop date, the current order will be discontinued and a new medication order will be written.
- E. Discontinued (DC) medication orders will be "lined through" as indicated per attachment 1, or if appropriate, a DC MAR sticker label will be utilized only if the sticker does not obscure other pertinent information.
- F. Computer generated MARS for each inmate with a valid order for medications will be issued once a month to coincide with the beginning of the month.
- G. Licensed personnel will indicate administration of medications by initialing the appropriate box on the MAR. Anyone who initials the front must have a signature and initial on the back of the MAR.

- H. Medications picked up by inmate patients for “OK in Cell” self-medication, must be so noted on the MAR by signature of inmate and date.
- I. Medication administration will be recorded accurately and clearly on the MAR at the time of administration. Pre or post charting is not permitted.
- J. The following symbols are posted on the medication administration record and will be used to indicate medication administration practices:
- Initials ----- Dose was administered as ordered
 - Diagonal Line ----- No dose is scheduled
 - Circled Initials ----- Dose was prepared but patient refused
 - X ----- Comment charted in progress note
 - Blank ----- No show
 - Circled R----- Patient refused
 - nm----- No Medication available

Effective Date: _____
Review date: August 2014
Supersedes P&P dated: October 2013

MEDICATION ADMINISTRATION RECORD

CD 488H (10-12)

FACILITY NAME	MO. BEG	YR	PHARMACY NA																																
PRCF	1/2013		SRC1																																
MEDICATION ORDERS		DAY OF MONTH																																	
Zoloft 50mg PO † daily HS x 30 days 1/3/13 2/2/13		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		
		HS	/																																
Zoloft 100 mg PO † daily HS x 30 days 1/12/13 2/10/13		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		
		HS	/																																
		Reordered 2/9/13 x 60 days 4/9/13																																	

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ALLERGIES	Drug Regimen Reviewed For Federal Requirements	DATE ADMITTED
TCN, PCN	R.Ph.	/ /
ROOM NUMBER	PATIENT NAME	
12345678	Doe, John J.	