

**Medicines Support Service
Medicines Administration Record
(MAR) Chart**

Always take this chart to the Pharmacy/dispensary when ANY medicines are collected

Patient Details		GP Name:
Name and Address:		Tel. No.
Community Pharmacy/ GP Dispensary Name and Address		
Tel No.		
D.O.B.		
Medicines Service Reg. No.	Tel No.	
Social Services Information		
Name of Domiciliary Care Manager:		Tel No.
Medicines Service Co-ordinator:		

Instructions for use of the MAR Chart

- The MAR chart is exclusive for the delivery of Assisted Administration Support as part of the Norfolk Medicines Support Service. It must only be used at the request of the service co-ordinator or pharmaceutical assessor.
- It is the responsibility of the pharmacist or dispenser supplying the MAR chart that all the medicines are added to the MAR chart accurately **and** that the patient information above is completed fully.
- The medicines supplier must also indicate on the MAR chart and the medicine label the time that each dose should be given. For when required doses a **maximum number of doses per day** and the **minimum time between doses** (where appropriate) should be written on the labels.
- **THE WORDS "AS DIRECTED" MUST NOT APPEAR ON THE LABELS**
- Under no circumstances should anyone else remove or tamper with the medicine labels on the MAR chart.
- Any queries regarding the contents of the MAR chart should be directed to the supplying pharmacy/dispensary.

Careworkers assisting clients with medicine-taking should:

- Only carry out this service if they have received training and are accredited by your careworker manager
- Administer the medicines shown on this MAR chart **only** using these steps for **EACH MEDICINE**:
 - ① Check this record and make sure the medication has not already been given.
 - ② Select the medication required
 - ③ Check the name of the client and the name of the medicines on the bottle/box are the same as those on the MAR chart labels. **IF NOT DO NOT GIVE IT.**
 - ④ Give the person the medicine
 - ⑤ Enter your initials **clearly** on the right date and time to show you have given the medicine. If this is the first time you have entered your initials on this chart, please fill in the details on the inside page in the "**Careworker Identification**" column.
 - ⑥ If the dose is variable (e.g. one or two tablets to be taken etc.) record the **actual amount given**.
 - ⑦ If the medication is **NOT GIVEN** enter a large **X** in the box and enter the reason in the client's **HOME HELD RECORD**.
 - ⑧ Always contact the supplying pharmacist/dispenser should a new medicine appear that is not accounted for anywhere on the chart.
- **ALWAYS** bring any concerns to the notice of your Manager
- **IN AN EMERGENCY CONTACT THE SUPPLYING PHARMACIST/DISPENSARY OR GP**

Medicine Administration: Initial boxes clearly. Don't forget to print your name and initials on the right of the MAR chart. Mark any medicines not taken with a clear X that fills the box. Note in care plan reason for not giving the medicine.

MEDICINES PRESCRIBED FOR USE ON REGULAR BASIS or When Required medicines that need assisted administration.	DAY →	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	TIME ↓														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														
	Morning														
	Lunchtime														
	Teatime														
	Evening														
	Amount left														

Check that there are no further medicines to administer by turning over the chart

ORDER REPEAT PRESCRIPTION ON DAY 20 TO 22

Sign here when prescription has been ordered:

Date.....

CAREWORKERS IDENTIFICATION

In the rows below print your name and initials when you use the MAR chart for the first time:

Name _____

Initials

Medicines taken AS REQUIRED but not given routinely by careworkers.

- This section allows you to record when you do assist in the administration of these medicines at the client's request.
- Please check the stock of these items when you order the regular repeat items and add these to the order if necessary.

Medicines that are SHORT COURSES of treatment that may be started during the current month.

- Where possible MAR chart must be given to the pharmacist when prescription is dispensed.
- Always contact the pharmacist should a new medicine appear that is not accounted for anywhere on the chart.
- If in any doubt always contact the pharmacist.