

## Appendix J: Medication Audit Tool

<b>Completed by (block caps):</b>	<b>Designation:</b>	<b>Date:</b>
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		Yes	No
1	Are the charts archived in date order?		
2	Is the person's name, address, date of birth, allergy status and GP clearly stated on each MAR chart?		
3	Is the start date including the year clearly identified on each MAR chart?		
4	Do all medicine entries show the name, strength, form of medicine and full directions for use? (where medicine is taken from a dosage system there must be a medication record available)		
5	Have all relevant entries been signed by the member of staff making the entry?		
6	Are there any gaps in entries?		
7	If a medicine has not been given has an appropriate code been recorded on the chart?		
8	Does each MAR chart clearly identify when 'as required' medicine is given and when it is refused?		
9	Does each MAR chart correspond with the medication record?		
10	There are Patient Information Leaflets (PILs) in the person's home?		

Where the answer to any of the above questions is 'no' please identify the action needed, who by, when by and when completed :

Action	Who By	When By	Completed date	Signed

Having reviewed each MAR chart are there any patterns or trends that require addressing e.g. regularly refusing certain medicine, regular nausea? If yes, identify the actions needed, who by, when by and when completed:

Action	Who By	When By	Completed date	Signed

Registered Manager's Comments

Signed :

Date: