



Medication Administration Review

Staff Name: _____

Program Name: _____

Supervisor Completing Review: _____

Date: _____

Check One: Initial Review Required Observation

AREAS TO BE REVIEWED	SATISFACTORY	PROMPTED	UNSATISFACTORY
Checked for the Five Rights			
✓ Right Resident			
✓ Right Medication			
✓ Right Dosage			
✓ Right Time			
✓ Right Route			
Checked for Physician's Orders			
Matched the M.A.R. with the P.O.'s and Label			
Appropriately dispensed medication into the cup			
Placed ointment/cream into the appropriate container			
Administered medication without contamination			
Put first initial into the appropriate box on MAR after pouring medication			
Put last initial into the appropriate box on MAR after the resident received medication			
Repeated all steps (above) until all medications are given			
Double checked the M.A.R.'s			
Checked to assure all medications were given prior to current time			
Locked medication box/cabinet and placed Med. Book in appropriate place			

_____ is is not authorized to administer medications to Chimes

Virginia, Inc. individuals effective _____.

Staff Signature: _____

Date: _____

Observer's Signature: _____

Date: _____