		Day Program Monitoring Tool Medication Records Review				Reviewer Initials		
1	Medication Records Review	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
2	Please list individuals initials:							
3	Prescription Medication							
4	Is a copy of the prescription on record stating:							
5	•The individual's full name	20A.1:1					С	
6	•Date of prescription	20A.1:2					С	
7	•Name of the medication	20A.1:3					С	
8	•Dosage,	20A.1:4					С	
9	•Frequency	20A.1:5					С	
10	•The word "copy" written or stamped on it	20A.1:6					m	
11	Is a Medication Administration Record (MAR) maintained for each individual receiving prescription medication?	20A.3					С	
12	Did service provider transcribe all information from the pharmacy label onto the Medication Administration Record (MAR)?	20A.3:1					С	
13	Does the information on the pharmacy label match the information on the prescription and the MAR?	20.1					С	
14	Is there an adequate supply of medication to ensure no interruption in medication schedule?	20A.4					S	
15	Are medication changes by the physician documented?	20A.7					S	
16	Is there written confirmation of verbal orders from a physician?	20A.7:1					S	
17	PRN (as needed) Prescription Medication							
18	Are PRN prescription medications authorized by a physician?	20B.1					С	
19	Does the authorization clearly state:							
20	•The individual's full name	20B.1:1					С	
21	•Date	20B.1:2					С	
22	•Name of medication	20B.1:3					С	
23	•Dosage	20B.1:4					С	
24	●Interval between dosages	20B.1:5					С	
25	Maximum amount to be given during a 24-hour period	20B.1:6					С	
26	•Stop date (if applicable)	20B.1:7					S	
27	•Under what conditions the PRN medication shall be administered	20B.1:8					С	
	Provider ID Provider ID							

Review Date	
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Day Program Monitoring Tool Medication Records Review

Reviewer Initials	
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	Medication Records Review	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
28	Are all PRN prescription medications which are administered in adult day services:							
29	•Documented on the individual's current MAR including the time of administration	20B.2:2					С	
30	Does the service provider communicate the following with the caregiver:							
31	•To determine the time the previous PRN medication was given	20B.3:1					С	
32	•To convey the time the PRN is/was given by the day service provider	20B.3:2					С	
33	PRN Over the Counter (OTC) Medication							
34	Are OTC Medications administered at the day program for this individual?	20C					d	
35	For this individual are OTC Medications current (Look at expiration date)?	20E.2					S	
36	For this individual are OTC forms:							
37	• Signed by a physician and	20C.1					С	
38	•Specify the type of medication administered	20C.1:1					S	
39	•Specify dosage	20C.1:2					С	
40	•Specify frequency	20C.1:3					С	
41	•Specify the maximum amount to be given in a 24 hour period	20C.1:4					С	
42	Is the OTC form updated annually by the physician?	20C.2					S	
43	Is the administration of OTC medications documented on an MAR separate from the one utilized for prescription medication?	20C.3					m	
44	Does the service provider document the following communication to the caregiver:							
45	•To determine the time the previous PRN medication was given	20C.4:1					С	
46	•To convey the time the PRN is/was given by the day service provider	20C.4:2					С	



Provider ID _____

____ of ____Medication Files Reviewed