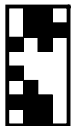


Review Date _____

Day Program Monitoring Tool
Medication Records Review

Reviewer Initials _____

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



58311

Provider ID _____

_____ of _____ Medication Files Reviewed