SOP Template: Documentation of Medication Administration Record (MAR)

This SOP details the **documentation of medication administration record (MAR)**, including accurate recording of medication details, patient information, administration times, dosage, route, and the responsible healthcare professional. It ensures compliance with regulatory standards, promotes patient safety, enhances communication among healthcare providers, and maintains a reliable legal record of administered medications.

1. Purpose

To establish standardized procedures for the accurate and timely documentation of medication administration using the Medication Administration Record (MAR), ensuring regulatory compliance and patient safety.

2. Scope

This SOP applies to all healthcare professionals responsible for administering and documenting medications within the facility.

3. Responsibilities

- **Nursing Staff/Healthcare Professionals:** Accurately document all medication administrations on the MAR.
- **Supervisors/Nurse Managers:** Monitor documentation practices and ensure compliance with this SOP.
- **Pharmacy Staff:** Provide accurate medication information to support MAR documentation.

4. Materials and Equipment

- Medication Administration Record (MAR) â€" electronic or paper format
- Patient identification documents (e.g., wristband, medical records)
- Prescribed medications and related administration equipment
- Pen (for paper MAR) or secure login credentials (for electronic MAR)

5. Procedure

1. **Verify Patient Identity:**
   - Confirm the patient's identity using at least two approved identifiers (e.g. name, date of birth, medical record number).
2. **Confirm Medication Orders:**
   - Review the physician's order and confirm medication name, dosage, route, frequency, and time of administration.
3. **Administer Medication:**
   - Administer medication to the patient as ordered, observing the â€œFive Rightsâ€ (right patient, right medication, right dose, right route, right time).
4. **Document on MAR:**
   - Record the following information immediately after administration:
     - Patient name and identification
     - Date and time of administration
     - Medication name (generic and/or brand as applicable)
     - Dosage administered
     - Route of administration (oral, IV, IM, etc.)
     - Site of administration (if applicable)
     - Initials and full signature of administering healthcare professional
     - Any special instructions or observations (e.g., adverse reactions)
   - For electronic MAR, ensure digital authentication and secure submission.
5. **Handle Omissions, Refusals, or Errors:**
   - Document reason for omission, patient refusal, or details of any error according to policy.
   - Report incidents to appropriate personnel as per facility protocols.
6. **Review and Audit:**
   - Regularly review MAR entries for accuracy and completeness. Correct and document discrepancies following facility procedures.

6. Documentation Example

Patient Name	Date/Time	Medication	Dosage	Route	Site	Administered By	Remarks
Jane Doe	08/06/2024 08:00	Paracetamol 500mg	500mg	Oral	N/A	J. Nurse (sign)	No adverse effects

7. Compliance and Audit

Regular audits shall be carried out to ensure accuracy, completeness, and compliance. Non-compliance will be addressed according to disciplinary procedures.

8. References

- Facility medication administration policy
- State and federal regulatory guidelines
- Professional standards of practice

9. Review and Revision

This SOP shall be reviewed annually and as required to reflect changes in practice or regulations.