



# **SERVICE SPECIFICATION**

## **Medication Administration Record Service**

**February 2018**

## 1. Definition of Terms

Term	Definition
Assessor	A generic term for the Officer responsible for completing an assessment of an individual's circumstances to determine if they have eligible needs and, if so, to develop a plan of support that will enable those needs to be met. At the Council this is usually a social worker or care manager and within the CCG a nurse assessor from the Continuing Health Care team.
Care Worker	A person employed to provide a home care service.
Contract	The legally binding agreement to deliver the services described within the Specification and related documentation, including the Terms and Conditions.
Council, the	Term used to refer to Sheffield City Council.
Home Care	Also known as home support, care at home or domiciliary care, home care is a service delivered in an individual's own home or community to, in the context of a Council-arranged Service, meet their Unmet Eligible Needs (this may include support with personal care, practical tasks and help to maintain social wellbeing). In this Specification home care is used to also refer to 'supported living' services.
MAR Chart	See Medication Administration Record.
Medication Administration Record	A Medication Administration Record, known as a MAR Chart, is used to record administration of medicines. They are normally produced by the pharmacy on a 28-day cycle at the time of dispensing medication.
Monitored Dosage System	A Monitored Dosage System (MDS) is a medication storage device intended to aid independence and adherence to the instructions of the prescriber. The preparation of an MDS device involves authorised pharmacy staff repackaging and dispensing prescribed medication into a storage device. MDS are commonly known as a 'NOMAD'.
Patient Medical Record	The record maintained by the Pharmacy in respect of the Individual for whom the MAR Chart is requested.
Pharmacist	Refers to community pharmacists, or in the context of this Specification, a registered technician, or an appropriately trained pharmacy assistant working under the supervision of the responsible pharmacist. Registered with the General Pharmaceutical Council, community pharmacists ensure the safe and lawful sale or supply of medicines, provide advice and support to patients and other healthcare professionals to ensure optimal medicine use, and provide a range of national and locally commissioned services to patients.
PharmOutcomes	The web-based system which the pharmacist will use to record service user information and submit invoices and the Council will use to process invoices, review data and undertake quality assurance.

PRN	An abbreviation of a Latin phrase (pro re nata) meaning ‘as the circumstance arises’. It refers to the administration of prescribed medication whose timing is left to the patient (in the case of patient-controlled analgesia), nurse or care worker, as opposed to medication that is to be taken according to a fixed schedule.
Provider	Refers to any provider funded by Sheffield City Council to deliver home care or supported living services, including in-house services and any organisation contracted to deliver these services on behalf of Sheffield City Council.
Service	The service to be carried out by pharmacists contracted to deliver this Specification, i.e. the provision of MAR Charts in respect of applicable individuals.
Summary Care Record	The SCR contains the following basic information: medications being taken; allergies; any reactions to specific medications.

## 2. Background

2.1 This Specification has been co-produced by Sheffield City Council and Sheffield Local Pharmaceutical Committee to establish a funded, formalised and consistent process for issuing MAR Charts.

2.2 The Medication Administration Record Service is designed to support providers delivering home care services on behalf of the Council to achieve best practice, as defined by the National Institute for Clinical Excellence<sup>1</sup> and Care Quality Commission<sup>2</sup>, in respect of medication administration and governance.

## 3. Aims

3.1 By implementing this Service Specification the Council is seeking to achieve the following aims:

3.1.1 To ensure Community Pharmacists continue to provide Medication Administration Records (MAR Charts) and that it is financially and operationally viable for them to do so.

3.1.2 For the governance supporting the provision of MAR Charts to be strengthened.

3.1.3 To ensure there is a consistent approach to provision of MAR Charts for Council-funded home care service users across the city.

<sup>1</sup> <https://www.nice.org.uk/guidance/ng67>

<sup>2</sup> <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulations-service-providers-managers>

- 3.1.3.1 To create a safe 'holding position', allowing time for the Medication Policy for Home Support<sup>3</sup> to be comprehensively reviewed and revised.

#### **4. Service Description**

- 4.1 Participating pharmacies will supply a MAR Chart for adults aged 18 and over in receipt of home care funded by the Council (including both in-house services and any organisation delivering services on behalf of the Council) who is assessed as requiring support at Level 2<sup>4</sup>, i.e. where the Care Worker is responsible for 'removing medication from the container and directly administering' the medication.
- 4.2 A MAR Chart will not be required for Individuals assessed as requiring support at Level 1 i.e. where the role of the Care Worker is to 'prompt and observe (the) service user' taking medication (although the Care Worker is required to record the prompting and observation within the care log books).
- 4.3 It should be noted that some service users may be independent with some medications, for example oral medications, but may need assistance with others, for example to apply (administer) creams. A MAR Chart should be provided for any aspect of medication administration for which the service user requires assistance at Level 2 from a Care Worker.

#### **5. Process for a New Individual Entering the Service**

- 5.1 The Provider will receive notification of the request for service, including details of any support with medication and the level at which support is required.
- 5.2 Having confirmed that they have the capacity to deliver the care package, the provider undertakes their initial assessment at the service user's property, including completion of the Medication Authorisation Form (see Appendix B).
- 5.3 The Provider ensures the Pharmacist and GP receives the fully completed Medication Authorisation Form.

#### **6. Duties of the Pharmacy**

- 6.1 Upon receipt of the fully completed Medication Authorisation Form, the Pharmacist will enter all required details into PharmOutcomes and prepare the initial MAR Chart. The Pharmacist will use their professional judgment to ensure the MAR Chart meets the service user's current circumstances and supports the safe and effective use of prescribed medication.

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<sup>3</sup> <http://www.sheffield.gov.uk/content/sheffield/home/disability-mental-health/medication-policy.html>

<sup>4</sup> There are two 'levels' of support with medication administration in the Medication Policy, level 1 and 2.

6.2 The Pharmacist will produce a MAR Chart that includes all currently prescribed medication required to be administered to the service user. Where feasible this may include medicines not supplied by the pharmacy at that time e.g. hospital supplies (on a different MAR Chart) or antibiotics supplied by another pharmacy; in this instance the Pharmacist will exercise their professional judgement to determine if a MAR Chart can be produced. The Pharmacist will use the following information (or as fully as is available) to compile the MAR Chart:

- Prescription
- Patient medication record
- Repeat medication list, in addition to the prescription
- Summary Care Record
- Pharmacy label bearing a recent date

6.3 The Pharmacist will check the MAR Chart and supply it at the point of supplying the medication.

6.4 The Pharmacist preparing the initial MAR Chart creates and annotates the patient records appropriately to ensure future supply of MAR Charts for subsequent dispensing of prescriptions, both repeat and acute.

6.5 The Pharmacy continues to supply MAR Charts for the medication prescribed to the service user until notified by the Provider, using the appropriate section of the Medication Authorisation Form that the Service is no longer required.

6.6 Pharmacists and their staff must be fully aware of their responsibility to safeguard vulnerable adults and refer appropriately as per local safeguarding procedures. Pharmacies must also have internal procedures in place to deal with safeguarding concerns.

6.7 The Provider shall deliver Services in accordance with the described legislation, regulation and guidelines and any revisions or updates that take place within the duration of this Service

## **7. Principles of Governance**

7.1 The following principles will be adopted by Pharmacists, Providers and Assessors to support the successful delivery of the Service:

7.1.1 All Pharmacies will use the standardised MAR Chart (Appendix A) or a suitable alternative which encompasses all of the content of the standardised MAR Chart, is in an appropriate format and has been authorised for use by the Council.

7.1.2 Any Pharmacist or group of Pharmacists wishing to use an alternative to the standardised MAR Chart when the service commences will submit the document to the Council as part of their tender submission.

- 7.1.3 Where an individual requires support at Level 2, a Monitored Dosage System (MDS) should only be used by exception<sup>5</sup>. In the event that an MDS is to be used, a MAR Chart will be produced where the Pharmacist, using their professional judgement, deems it necessary to support safe administration of medication to the specific service user. In all other instances the Provider will ensure administration of medication from an MDS is recorded via one of the following methods: a) by supplying a blank standardised MAR Chart for the Care Worker to complete or, b) by the Care Worker making a record in the care log books.
- 7.1.4 The Provider will complete a Medication Authorisation Form and send it to the Pharmacist and GP in all cases they are required to provide support with medication at Level 2. In the event that an MDS is to be used, the Pharmacist will only log the case on Pharmoutcomes and seek payment in the event that a MAR Chart is to be produced (as per 7.1.3), but will securely retain the Authorisation Form for future reference.
- 7.1.5 Wherever feasible, medication should be reissued for the same period of treatment as the MAR Chart and not exceed 28 days.
- 7.1.6 In the event that a service user, or their family, is unable to collect medication, the MAR Chart and related medication will either be delivered by the Pharmacy or collected by the Provider, depending on the specific arrangements in place for the individual service user.
- 7.1.7 The Provider will return the existing MAR Chart to their local office for the purpose of completing quality assurance audits.
- 7.1.8 The Pharmacist will indicate the required time of administration by circling the appropriate time i.e. morning, lunch, tea, bed on the MAR Chart.
- 7.1.9 Dose amendments, including stopped medication, will usually be made by the GP or Pharmacist. Any telephone request should be confirmed in writing.

In the event of a request for medication to be stopped, the Provider will annotate the existing MAR Chart. In the event of a dose amendment, the Provider will transcribe the instructions on to a blank version of the standardised MAR Chart, following the 'Guidance on Transcribing

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<sup>5</sup> NICE Guidelines NG67 'Managing medicines for adults receiving social care in the community', re use of MDS:

1.9.7 Supplying pharmacists and dispensing doctors should supply medicines in their original packaging. They must make reasonable adjustments to the supplied packaging to help the person manage their medicines (for example, childproof tops), in line with the Equality Act 2010.

1.9.8 Consider using a monitored dosage system only when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence. Take account of the person's needs and preferences, and involve the person and/or their family members or carers and the social care provider in decision-making.

Medication Details onto MAR Charts for Providers' (included in Appendix C for reference).

- 7.1.10 If the GP requires a medicine to be stopped, any remaining medicines should be clearly identified 'for disposal' and returned to the Pharmacist by the persons ordinarily responsible for collection of medication for the service user.
- 7.1.11 Pharmacists should add 'not dispensed this time' items if they can be satisfied the treatment is still current; this will typically apply to PRN items. The Pharmacist may need to check Summary Care Records (if available and/or consent is in place) and/or contact the GP surgery for confirmation. The Pharmacist will indicate on the MAR Chart the date any medications not supplied on this occasion were last dispensed.
- 7.1.12 The Pharmacist should check ambiguous dosage instructions with the GP before printing the MAR Chart to ensure that the service user is receiving the correct dosage of medication.
- 7.1.13 Lost MAR Charts can be reissued but additional checks may need to be made and the Pharmacist satisfied that all the medications are still current. This may involve checking Summary Care Records and/or contacting the GP. When issuing the new MAR Chart the Pharmacist will record an additional instruction stating that any MAR Charts dated before X date (determined using their professional judgment based upon the available information) must not be used, record in the patient's PMR that the original MAR Chart was lost, along with the date of issue of the duplicate.
- 7.1.14 Any medications issued between repeat prescriptions will be added to an existing MAR Chart where feasible by the Pharmacy. In the event that this is not possible, the Provider will transcribe the instructions, as per 7.1.9. In both cases the MAR Chart should detail either; the number of days the course of treatment should be taken for, or; that a treatment is long-term and will be an ongoing repeat prescription.
- 7.1.15 Pharmacists will proactively undertake Medicines Use Reviews (MUR)<sup>6</sup> for service users in receipt of the MAR Service on at least an annual basis, wherever feasible.
- 7.1.16 Pharmacists will also support the aspiration of the Council and LPC to put in place measures in the future to proactively review the instructions provided to care workers, ensuring that medication regimes are effective and efficient for all parties.
- 7.1.17 The Pharmacist will exercise their professional judgement as to whether the supply of a MAR Chart is safe, for example in respect of lost MAR Charts and 'not dispensed this time' items.

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<sup>6</sup> <http://psnc.org.uk/services-commissioning/advanced-services/murs/>

7.1.18 The Pharmacist will ensure the Authorisation Form and any other data pertaining to Service Users in the scheme are stored securely and required protocols in respect of confidentiality are adhered to. Any breach of confidentiality, such as the loss of data regarding vulnerable adults, will be reported to the Council at the earliest possible opportunity.

## **8. Quality Assurance & Monitoring**

8.1 The Council will monitor the quality of the Service by utilising a range of options, including but not limited to:

- Monitoring complaints and incidents reported to the Council regarding the Service
- Cross-referencing of MAR Charts and Medication Authorisation Forms
- Seeking feedback from Assessors, Providers and Service Users
- Inspection of random pharmacy records kept in relation to patients being provided with MAR Charts, by arrangement with the pharmacy at a mutually convenient time.
- Cross referencing the following data:
  - Claims for payment
  - Requests for home care services made by the Council
  - Medication Authorisation Forms
  - Number of opt outs from the Service
  - Number of new Service Users
  - Number of MAR Charts issued
  - Evidence that the pharmacy has robust systems in place to ensure timely removal from the MAR Chart of items no longer prescribed or administered.
  - Evidence Pharmacists have stopped invoicing for service users no longer requiring a MAR Chart

## **9. Pricing Schedule**

9.1 The Pharmacist will receive a one-off fee of £25 for undertaking all required actions for the service to be instigated for a new service user.

9.2 The Pharmacist will receive a payment of £10 per month for each individual for whom the service is required.

## **10. Payment Mechanism & Invoicing**

10.1 Claims for payment should be submitted via Pharmoutcomes on a monthly basis, on the 1<sup>st</sup> of the month, or the next working day.



## **11. Contacts**

Sheffield City Council:

Chris Boyle, Commissioning Officer: [chris.boyle@sheffield.gov.uk](mailto:chris.boyle@sheffield.gov.uk)

Sheffield Local Pharmaceutical Committee:

Claire Thomas, Chief Officer: [chiefofficer@sheffieldlpc.co.uk](mailto:chiefofficer@sheffieldlpc.co.uk)

## **12. Appendices**

Appendix A: Standardised Medication Administration Record

Appendix B: Medication Authorisation Form

Appendix C: Guidance on Transcribing Medication Details onto MAR Charts for Providers

## Appendix A: Standardised Medication Administration Record



Standardised MAR  
Chart

## MEDICATION AUTHORISATION FORM

It was agreed at an assessment with a social worker or care manager that a home care provider will help to administer your medication.

### **To be read and completed by the service user or their authorised representative<sup>7</sup>:**

I give authorisation for care workers from my home care provider to assist with the administration of medication as prescribed by my GP or other authorised prescriber.

If applicable, I also give authorisation for my care workers to administer non-prescribed medication in accordance with the agreed non-prescribed list<sup>8</sup>.

### **I understand that:**

- Care workers can only administer medication recorded on the Medication Administration Record (MAR chart) at the prescribed level.
- Anyone who administers my medication, including, for example, my carer or a family member, will record the details on the MAR chart. Administration of any non-prescribed medication will be recorded in the home care provider's log book.
- My care workers will follow the guidance set out in the Sheffield Medication Policy.

### **I agree that:**

- I will make available to my care workers / home care provider the MAR chart and any other records relating to my medication.
- I authorise my care workers / home care provider to communicate with my GP, pharmacy or any other prescriber about my medication and issues that arise.

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<sup>7</sup> The form should only be completed by a representative of the service user by exception, for instance due to a physical or cognitive impairment.

<sup>8</sup> <http://www.sheffield.gov.uk/content/sheffield/home/disability-mental-health/medication-policy.htmlv>

- My details can be shared with my pharmacy to enable them to produce a MAR chart for use within my home.
- Where necessary I will give as full information as possible to my care workers / home care provider about my medication including what I have and have not taken.
- I will cooperate with my care workers / home care provider to enable them to safely administer my medication, ensuring that my medication is appropriately stored. I will also enable them to appropriately dispose of medication that is no longer prescribed, out of date or is spoilt and cannot be used safely.
- My home care provider will keep my MAR chart when it is completed for audit purposes.

NAME	
SIGNATURE	
DATE	

**Please refer to pages 3 and 4 to see the information your home care provider will share with your pharmacy.**

A Medication Authorisation Form is to be completed in full on the first occasion an individual requires support with medication administration as part of a home care package.

In the event a service user transfers to a new provider, the original Form remains valid. In the event of any changes, the pharmacy must be informed (see page 5).

All providers will adhere to the Sheffield Medication Policy when administering medication:  
<http://www.sheffield.gov.uk/content/sheffield/home/disability-mental-health/medication-policy.html>

SERVICE USER NAME	
LAS <sup>9</sup> ID	
DATE OF BIRTH	
ADDRESS	
CONTACT TELEPHONE NUMBER	
If there is another individual(s) i.e. carer or family member who it is more appropriate to contact, please detail below:	
NAME	
RELATIONSHIP TO SERVICE USER	
CONTACT TELEPHONE NUMBER	
NAME	
RELATIONSHIP TO SERVICE USER	
CONTACT TELEPHONE NUMBER	
GP	
SURGERY	
NOMINATED PHARMACY	
HOME CARE PROVIDER	
CONTACT TELEPHONE	
DATE SERVICE TO COMMENCE	

<sup>9</sup> Previously known as CareFirst number until Sheffield City Council IT system change on 08/10/18.

MEDICATION LEVEL <sup>10</sup> (as per support plan)	
MDS (NOMAD) TO BE USED <sup>11</sup> (please ✓)	
THE SERVICE USER REQUIRES SUPPORT WITH (please ✓ applicable boxes):	
	ALL MEDICATIONS
	CREAMS
	PATCHES
OTHER (please state):	

NAME OF STAFF MEMBER COMPLETING FORM	
ROLE	
SIGNATURE	
DATE	

The Form must be completed by the home care provider at the point of undertaking the initial assessment with the service user and sent to the specified pharmacy and the service user's GP by one of the following methods:

- In person
- Fax
- Post

**The pharmacy will only supply MAR charts upon receipt of a fully completed Form.**

The home care provider will ensure a copy of the Form is retained in the following locations:

- The service user's file in their property
- The service user's file at the provider's local office

**To be completed by the Pharmacy:**

NAME	
ROLE	
SIGNATURE	
DATE OF RECIEPT	

<sup>10</sup> Pharmacies will supply a MAR chart for adults aged 18 and over in receipt of home care funded by the Council (including both in-house services and any organisation delivering services on behalf of the Council) who is assessed as requiring support at Level 2, i.e. where the Care Worker is responsible for 'removing medication from the container and directly administering' the medication.

<sup>11</sup> Monitored Dosage Systems (known as a NOMAD) should only be used by exception where an individual requires support at Level 1. The pharmacist will supply a separate, standardised MAR chart for the care worker to record administration of medication from the MDS.

## REVIEWING & UPDATING THE AUTHORISATION FORM

In the event that any of the details on the form change, the home care provider will inform the pharmacy at the earliest opportunity, recording the details in the box below:

DESCRIPTION OF CHANGE	DATE PHARMACY INFORMED	METHOD	SIGNATURE

The home care provider will review the content of the form at least annually, as part of their formal review of the individual's care package, informing pharmacy as described.

	DATE	SIGNATURE
Review 1		
Review 2		
Review 3		
Review 4		

## ENDING THE SERVICE

The home care provider must inform the pharmacy when they no longer require a MAR chart for this service user by completing the following table and returning the form to the pharmacy via one of the methods described on page 4:

SERVICE USER NAME	
LAS ID	
DATE OF BIRTH	
POSTCODE	
Please ✓ the reason that a MAR chart is no longer required for this service user:	
INDEPENDENT WITH MEDICATION	
HOSPITALISATION (LONG TERM)	
ADMISSION TO CARE HOME	
DECEASED	
OTHER (PLEASE STATE):	

## Appendix C: Guidance on Transcribing Medication Details onto MAR Charts for Providers<sup>12</sup>

### Introduction

Care workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes details of all support for prescribed and over-the-counter medicines, such as:

- Reminding a person to take their medicine
- Giving the person their medicine
- Recording whether the person has taken or declined their medicine.

Care workers should use a Medication Administration Record (MAR chart) to record any medicines support that they give to a person who is assessed as requiring support at Level 2, i.e. where the care worker is responsible for 'removing medication from the container and directly administering' the medication. This should ideally be a printed record provided by the supplying pharmacist; however, there may be occasions when the MAR chart will need to be produced by the provider.

A MAR chart is not required for Individuals assessed as requiring support at Level 1 i.e. where the role of the care worker is to 'prompt and observe (the) service user' taking medication (although the care worker is required to record the prompting and observation within the care log books).

The MAR chart must be accurate and up to date and the provider should have robust processes to ensure this. Any new records, additions or changes should only be made and checked by people who are trained and assessed as competent to do so.

Circumstances when transcribing may be required include:

- The dispensing pharmacy has not supplied a MAR chart;
- There has been a planned discharge from hospital and the medication has changed (current MAR chart does not reflect changes);
- Medication has been prescribed during an interim visit e.g. the service user has been prescribed antibiotics;
- The GP has issued verbal instructions to change the dose (reduce or stop).

Medical advice must be sought before medicines are transcribed or administered if there are concerns about the safety of transcribing:

- Due to the quality of the information available

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<sup>12</sup> Managing medicines for adults receiving social care in the community (<https://www.nice.org.uk/guidance/ng67>)



- A discrepancy between the information and the medication provided
- Any additional medicines (e.g. bought over the counter or herbal medications) not listed in the medication source<sup>13</sup>

This should be documented in the service user's care log book.

## Transcribing Process

**The manager or appropriate, competent member of staff** should carefully transcribe the details onto the MAR chart using one of the following, listed sources:

- An original prescription signed by a prescriber from primary care, which may be the right hand side/counterfoil of the current prescription;
- A secondary care discharge prescription or outpatient prescription.
- A printed or written record obtained from the service user's GP detailing current prescribed medication;
- The pharmacy label on the current medicine container/box;
- A copy of the current MAR chart from the previous care setting;
- INR dosing letter, Yellow Book or similar.

Where the pharmacy label on the medicine container/box is used there must be a check to ensure that the medicines are current and 'fit for purpose'. The label on the packaging must be clear and unambiguous and includes all of the following:

- The service user's name (checking that this is the correct person);
- The name of the medicine inside the packaging (also checking that it matches the medicine named on the label);
- The expiry date of the medicine (checking that this has not been exceeded).

The above medication details must be transcribed onto the MAR chart. All information must be printed or handwritten legibly in ink and must meet the following requirements:

- The service user's full name and date of birth should be clearly written on all MAR charts.
- All medicine names and instructions must be written in full as printed on the label or from other source. Any ambiguity in the instructions must be checked.
- The following medication details must be stated:
  - Name
  - Route of administration

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<sup>13</sup> Non-prescribed medicines must be recorded on the 'Non-prescribed Medication Form': <http://www.sheffield.gov.uk/content/sheffield/home/disability-mental-health/medication-policy.html>

- Form e.g. tablets, capsules
  - Strength ( NB attention to **milligrams/ micrograms**)
  - Time of administration
  - Dose and frequency
  - Duration of treatment (if known or applicable)
- Any special instructions and advice labels e.g. take with or after food, disperse in water, may cause drowsiness, should be included.
  - Any advice label or warnings that cannot fit on the MAR chart should be highlighted, for example, by adding **\*\*see advice on the pharmacy label\*\***.
  - The transcriber must sign and date against each item and print their name along with their signature on the back of the MAR chart.
  - If a service user needs more than one MAR chart, each chart should be clearly marked sequentially on the front 1 of 2, 2 of 2 etc.
  - Details of any allergies or intolerances must be stated in the space indicated. If none are known record 'not known'.
  - The quantity of each medication received should be recorded.

Attach the medication source, where applicable, to the MAR chart to allow this to be checked by others. The service user's care plan must be documented identifying that the MAR chart has been transcribed, listing the medicine sources used and the date of the source.

If informed verbally by the prescriber of any dose change or if a medication is stopped, then the MAR chart must be altered accordingly and checked by another member of staff. The changes must be recorded as a new entry. The original entry must not be altered, instead it should be crossed through (with a single line) stating 'See new entry' and include the date of the change. Furthermore, the pharmacy label will need to be marked 'See new directions on MAR'.

Written confirmation of the change must be requested from the prescriber to verify this and retained with the service user's records.

### **Transcribing Variable Doses (e.g. paracetamol)**

Most MAR charts provide insufficient space to record the administering information for variable doses. For this reason the carer's notes or a dedicated 'Pain Relief Record Book' should be used by the carer to record all details of administration. These details should include the following:

- Quantity administered
- The time of administration
- Reason for administration (e.g. back pain)
- Response to the administered dose (i.e. were symptoms alleviated?)

### **Transcribing Warfarin (Anticoagulant)**

The MAR chart must contain the following information:

- Service user's name and date of birth
- Date the warfarin commenced
- Current dose, in milligrams (**not** number of tablets) stating planned daily dose regime until next INR test
- Time of day the dose is to be given (generally around tea-time for warfarin)
- Date of next INR test
- Two signatures which confirm that the current daily dose regime has been checked against the clinicians instruction

### **Checking**

The transcription **must** be checked by a second competent member of staff as soon as possible. The 'checker' must ensure that the original source of information matches the transcription. The 'checker' must sign and date against each item and print their name along with their signature on the back of the MAR chart.

Medical advice must be sought if any discrepancy cannot be resolved between the transcriber and checker.

### **Remote Checking**

It may not always be possible for a member of staff to witness 'live' the transcribing such as when the MAR chart is being amended in the service user's home by a carer working alone. In such cases the carer can use a work mobile phone or tablet device to photograph the amendments and the listed source. The consent of the service user should be obtained. This evidence can be transmitted to the person witnessing the accuracy of the transcribing, and who may be based at the office.

### **Carer administering transcribed medicines**

If there is any uncertainty regarding accuracy or appropriateness of transcribed medicines then clarification should be sought immediately. The carer must seek clarification from the transcriber. If there is still uncertainty, advice must be sought from the GP or the dispensing pharmacy. If none are available the carer should contact 111 for advice.