

INSTRUCTIONS FOR USING THE MEDICATION OBSERVATION RECORD FORM (MOR)

This sample form may be used to record instances of staff assistance with self-administration, or administration of medications by licensed staff. You may use any form that will record the appropriate information (i.e., the name of the resident and any known allergies; the name of the resident's health care provider and telephone number; the name of each medication prescribed, its strength, and directions for use; and a chart for recording each time the medication is taken, any missed dosages, refusal to take the medication as prescribed, or medication errors). The form is intended to be used to create a record of one resident's medication use for one month. Do not list more than one resident per form. It is important to record the resident's name, the month, and the year at the top of each page.

MEDICATION COLUMN: List only one (1) medication per block. Record the generic equivalency as well as the trade name if using generic medications. The name of the medication, strength (dosage), and the directions for use should also be included. What you write should be the same as what is on the prescription label. For example, Diazapan is the generic for Valium. Diazapan 5 mg, Diazapan 10 mg, Diazapan 2 mg are three different drug orders and must appear in three different blocks on the form.

HOUR DUE COLUMN: This section is for recording the time of day the medication is taken. Use a separate line within the block for each time of day the medication is to be taken. This should be used to record the time the medication is actually taken. It should not be completed in advance or at the end of the day or for several days at a time. You may find it easier to keep the form for the current month with the medications rather than in the resident's file. At the end of the month when the form is filled up, they should be filed in the resident's record. It is good practice to keep the forms until one year following discharge of the resident, at which point they may be discarded.

DAY OF THE MONTH COLUMNS: The blocks marked 1-31 are for the days of the month. The square should be marked using the initials of the person observing the administration of the medication dose. Do not use check marks. If, for any reason, the medication is not taken, use one of the codes at the bottom of the form to indicate why. You may need to develop other codes depending upon the individual situation. You may turn the form over to the back side to make notations about specific situations that occur. For example, some medications are not to be taken when the blood pressure or pulse is at a certain point. The form should be signed at the bottom by the person (s) filling out the form. Keep the number of staff working with medications at a minimum to avoid confusion and to establish a control system.

D/C means that the medication was discontinued by physician's orders or that the required number of dosages was taken or that the length of time to take the medicine has passed. When a medication has been discontinued, it is preferable that you write D/C in red on that date and draw a line through the remaining days of the month.

When the instructions for use are changed by the health provider, discontinue using that particular block and record the medication with the new instructions for use in a new block. Do not alter the prescription label; only a pharmacist is legally authorized to change the label. However, an alert label may be placed on the medication container notifying staff that instructions have changed, or the container may be returned to the pharmacist for a new label.

You are not required to record the use of any non-prescription (over the counter) medication unless the health provider has specifically prescribed it.

Medications that are to be taken only on a temporary basis or as needed (may be labeled **Apn**) are also to be recorded on this form. Placing them after routine medications on the form is recommended.