MAR TO CART AUDIT

FACILITY _____ CART _____ DATE _____

Dated Items:
- Eye gtts ___ # not dated ___ # expired
- Nasal sprays ___ # not dated ___ # expired
- Inhalers ___ # not dated ___ # expired
- Neb. UD ___ # not dated ___ # expired
- Insulin ___ # not dated ___ # expired
- ___ # unopened on cart

Drugs separated by ROA ___ yes ___ no
Drawers/bottles clean ___ yes ___ no
Change in direction stickers used ___ yes ___ no ___ some
OTC meds ___ # expired ___ # routine, not on cart
D/C'd meds ___ # pulled

Number of routine meds not available ___
Number of PRN meds not available ___
Other:

RESIDENT	MAR Reads:	Pharmacy LABEL Reads:	Corrective action:

Reviewed _____ Date/Time _____

Page ____

MAR TO CART AUDIT

FACILITY _____ CART _____ DATE _____

RESIDENT	MAR Reads:	Pharmacy LABEL Reads:	Corrective action:

Reviewed _____ Date/Time _____ Returned _____

PAGE _____