Good Practice Guidance for Care Homes
Clinical Consultation Prescribing Checklist

The purpose of this checklist is to ensure accurate recording of a prescriber's intentions when a medication is started, stopped or the instructions are changed, as well as to ensure the resident gains the maximum benefit from the medication and to minimise the risk of any necessary monitoring being missed. The MAR records must be available to the clinician at the time of the consultation.

Person's Name:		**Date of Birth:**	
Carer completing the form:		**Date:**	
Clinician Name:		**Service:**	
No. of days left in current cycle:			

Prescribing medicines	
Name of Medicine?	
Request correct number of days to synchronize	
What is the medicine for/ what is the expected outcome?	
How long will it take to work (if important)	
How long are they expected to need the medication for?	
What monitoring is required?	
What is the dose?	
What is the best time to take? (avoiding busiest time if possible)	
Any extra information on how it should be taken/used?	
If PRN/variable dose	
• What is the indication?	
• When do you select each dose?	
• What is the maximum daily dose?	
• What criteria should prompt a review?	
What is the mechanism for future supply?	

Changing Dose	
Name of Medicine?	
Previous Dose	
New Dose	
Any monitoring required?	
Ask Prescriber to annotate and change MAR	
Request correct number of tablets to synchronize	

Stopping Medication	
Name of Medicine?	
Reason for stopping	
Ask Prescriber to annotate and change MAR	