



Good Practice Guidance for Care Homes

Medication Reconciliation Tracker

List all medication received by the care home for the resident on the day of transfer to the service.

Check the medication received against the current prescription or discharge letter (if recently discharged) before completing a MAR chart

Persons Name:		Date of Birth:		Room No:	
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List all medication received (include ALL medicines – prescribed or otherwise)

Medication	Strength	Form	Dose & frequency	Quantity	Used to treat (if known)	Received from	Date and time of last dose	Prescribed by (name & organisation)	Does medication match documentation? If not – give details	Transfer to MAR Y/N

List any other medication which is on the GP repeat list/discharge letter but not received

Medication	Strength	Form	Dose & frequency	Is this medicine recorded as discontinued on discharge letter (Y/N)	Actions taken to establish if medication is to be continued/discontinued	Transfer to MAR Y/N

Completed by:		Date:		Checked by:		Date:	
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A care system support organisation



MOVP-031-V4 Good Practice - Medication Reconciliation Tracker	Approved date: 07/11/2023	Review date: 07/11/2025
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