



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

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

Resident Name:		Date of Birth:		Room No:	
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List all medication received (include any homely medicines)

Medication	Strength	Form	Dose & frequency	Quantity	Used for (if known)	Received from	Date and time of last dose	Prescribed by (name & organisation)	Detail of discrepancies (state 'none' if no discrepancy found)	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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