

**UNIVERSITY OF MISSISSIPPI SCHOOL OF PHARMACY**  
**ADVANCED PHARMACY PRACTICE EXPERIENCES**

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Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Rotation Type: **INSTITUTIONAL** Rotation #

Preceptor: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

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**APPE Institutional PRCT 554 Home Meds/MAR Review**

Activity: With your preceptor, conduct a patient interview and obtain his/her home medications, locate patient's medical record and review medication administration record.

Remember to thank the patient before exiting the room.

Patient's Gender (Question 1 of 8 - Mandatory)

Male Female

Patient's Age (Question 2 of 8 - Mandatory)

N/A <1 1-10 11-18 19-65 66-79 >79

Patient's Ethnicity (Question 3 of 8 - Mandatory)

N/A  
Caucasian  
Hispanic  
African American  
American Indian or Alaska Native  
Asian  
Mixed Race  
Other

Introduce and identify yourself as a student pharmacist. Ask the patient how he/she is feeling today and what brought him/her to the hospital. Document responses below. (Question 4 of 8 - Mandatory)

Ask the patient about any food, drug or other allergies. Find out the agents that caused the allergy(ies) and document the reaction below. (Question 5 of 8 - Mandatory)

Home Medications: Ask the patient what home medications he/she was taking before hospitalization and list in the space below. Remember to ask about all medications (orals, creams, eye drops, ear drops, injections, etc.) as well as vitamins and herbal products. Be sure to obtain the medication name, strength, dose, route, frequency and reason for the med. (Question 6 of 8 - Mandatory)

What method did the patient use to give you the above medications? (Question 7 of 8 - Mandatory)

**INSTITUTIONAL**

**For Internal Use Only**

**HOME MEDS/MAR REVIEW**

Patient did not know home medications.  
Patient had a list of home medications.  
Patient had medication bottles with him/her.  
Patient recalled list from memory.

After you have completed the Home Medications Form, obtain the patient's medical chart and locate the medication administration record (MAR). List the patient's current medications below. Be sure to obtain the medication name, strength, dose, route and frequency of the med. (Question 8 of 8 - Mandatory)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.