

Appendix II Medication Safety Audit Template

Personal Care Home: _____

Audit Completed by: *(name of RPh):* _____

Signature: _____ **Date of Audit:** _____

	Yes	No	Notes
Is a complete medication history performed when a resident is first admitted?			
Is a medication administration record (MAR) available for each resident and utilized according to policy?			
Is proper documentation made when the MAR is reviewed upon receipt from the pharmacy?			
Are MARs current and reflect all recent additions and discontinuations?			
Are discontinued medications properly documented?			
Are missed/refused/skipped doses properly documented?			
Is the exact amount of the medication administered recorded when a dose range is ordered?			
Are administration codes located on the MAR and used appropriately (i.e. refused, right side)?			
Is the staff member who administered the medication properly documented on the MAR?			
Are procedures for receiving deliveries being followed? (are the shipping reports checked at the facility upon receipt of order and kept on file)			
Upon transfer or discharge, are the resident's medications and detailed instructions sent with the resident?			
Are Narcotic, Controlled Drug and Benzodiazepine Records being properly utilized for each narcotic, controlled drug and benzodiazepine prescription?			
Other than as described above, were any patient safety-related issues identified during this audit?			
If yes, please describe below:			
Please describe any staff education / training that was provided during this visit:			