



## Medication Monitor Review

<b>Checklist</b>	<b>Yes</b>	<b>No</b>
1. Correct month and date at top of Daily Medication Sheet?	_____	_____
2. Client's name and name of agency at bottom of Daily Medication Sheet?	_____	_____
3. Date Start Column: Complete date that medication was originally written or reordered by the doctor?	_____	_____
4. Date Ended Column: Correct date the medication or treatment will expire, if known? Otherwise, should be blank.	_____	_____
5. Medication Dosage: Correct name of medication, dosage, route and times of day just as it appears on physician's order?	_____	_____
6. Physician's order sheet placed with daily medication sheet in book? This sheet must be current, i.e., a new order must be every 30 days.	_____	_____
7. Hour Column: Print hour medication or treatment is to be given. Each time must be in a separate box.	_____	_____
8. Medication Monitor's initials and classification placed correctly on reverse of sheet?	_____	_____
9. Current letters of endorsement from DDA?	_____	_____
10. Make sure that Medication Sheet, Physician's Order Sheet and medication is medication box all agree for each client.	_____	_____
11. Are horizontal lines drawn correctly to date medication is started and ended?	_____	_____
12. Are medications discontinued correctly?	_____	_____
13. Are new medications and renewals charted correctly?	_____	_____
14. Are Standing Orders written correctly on both front and back of Medication Sheet? Are STAT orders (one dose only) recorded correctly on front page only?	_____	_____
15. Are medication errors, omissions charted correctly?	_____	_____
16. Are drugs locked correctly? Is there a locked box in the refrigerator for drugs that must be refrigerated?	_____	_____
17. Are any Schedule II drugs doubly locked?	_____	_____

Comments/Recommendations:

\_\_\_\_\_  
Reviewer's Signature/Title

\_\_\_\_\_  
Date