

## MEDICATION CHART AUDIT

**Purpose of the Audit Tool:** To confirm completeness of Medication Chart thereby ensuring that documentation processes are attended and medico-legal issues addressed.

	YES	NO	N/A	ACTION
<b>Completion of Front Page</b>				
Is Resident/ Client's full name completed?				
Is the Resident/ Client's date of birth accurate?				
Is the Resident/ Client's room number/ building indicated?				
Is the Resident/ Client's Prescriber particulars section completed?				
Is the allergy and adverse drug reaction (ADR) section completed ie. signed, dated, name printed?				
Is the chart "commenced" date completed?				
Have "vaccinations" been recorded?				
Is the photo a good likeness to the Resident/ Client?				
Resident/ Client's with similar names have alerts indicated?				
Specific administering care needs are written on front of medication chart under "Special Considerations"				
<b>Prescriber Orders</b>				
Has the Prescriber signed the order for each medicine?				
Is the name of each medicine legible?				
Is every Prescriber entry dated?				
Is the administrator route identified?				
Is the frequency of medication documented?				

	YES	NO	N/A	ACTION
Are stop dates and Prescriber's signatures evidenced for each ceased medicine? Have all excess columns on ceased medicines been cancelled out to reduce errors?				
<b>Signatures</b>				
Relevant dates and months identified on the chart				
Any omissions of signatures for short term medications - (a) if yes - how many?				
Any omissions of signatures for Regular medication - (a) if yes - how many?				
Times for administration of medicines documented?				
If medicine had been withheld, has the correct dose omitted code been noted in the Medication Chart?				
If a medicine is withheld has a note been made in the progress notes explaining why it was withheld?				
Do all PRN medicines have information recorded on why it is to be administered? Eg. for pain, if agitated etc.				
If a PRN medicine has been administered, has the time of the administration been noted in the correct column?				
If a PRN medicine has been administered, has an evaluation of the effectiveness of the PRN medicine to achieve the intended purpose been documented?				
If a Nurse Initiated medicine has been administered, has the time of administration been noted in the correct column?				
If a Nurse Initiated medicine has been administered, has an evaluation of the effectiveness to achieve the intended purpose been conducted?				
Have all telephone orders been countersigned by 2 <sup>nd</sup> Signatory?				

**Evaluation of Audit**

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**Further Action Required**

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<b>Date</b>	
<b>Signature</b>	
<b>Print Name</b>	
<b>Designation</b>	