



MEDICATION DELIVERY PRACTICE AUDIT SUMMARY

Site: _____ Date _____

Summarize the Medication Delivery Practice Audit Tool (CLI.6410.PL.09.FORM.01) results using this summary tool. Report this summary to nursing staff and/or the local Pharmacy & Therapeutics Committee, and any other programs to follow-up on any local or systemic process improvement efforts.

	#YES	#NO	#N/A
Medication cart locked when out of nurse's vision.			
Narcotic drawer locked.			
Maintains privacy of the MAR.			
Right Client			
Medication(s) poured or prepared immediately before given.			
Medication(s) given by nurse who poured or prepared the medication.			
Current (within 1 year) photo of resident on medication book.			
Nurse confirms resident identity using two identifiers (e.g. photo & name).			
Right Medication			
Medication names on card/pouch verified with MAR.			
Process followed as per order/medication protocol (e.g. BP, pulse check).			
Resident is informed of the medication(s) being administered, and given opportunity to ask questions			
Right Dose			
Medication dose(s) given matches dose(s) on MAR/provider's order.			
Right Route			
Oral medication(s) followed with adequate fluid.			
Stays with resident until medication(s) is swallowed.			
Crushed medication(s), if required.			
Administer subcutaneous and intramuscular med(s) with sterile technique.			
Right Time			
Medication(s) given within one hour of prescribed time.			
Flags any residents unavailable at the time of administration for follow up.			
Right Documentation			
Medication(s) signed for after given to client.			
Resident's right to refuse medication (s) is correctly documented.			
Infection Control			
Hand hygiene performed between residents/contact with environment.			
Resident Centered Care			
Resident is not awoken to receive medication(s) (unless clinically indicated)			
Maintains resident dignity and privacy when giving medication(s)			
Medication(s) that can impact a Resident's dining experience are not given at meal times unless clinically necessary i.e. Metered dose inhalers/Eye drops/Etc.			
TOTAL			
Comments/Follow-up:			
Follow up completed by: (Signature/Designation)	Date:		