



**MEDICATION DELIVERY PRACTICE AUDIT TOOL**

Site: \_\_\_\_\_ Date \_\_\_\_\_

Nurse Observed: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Residents Observed: \_\_\_\_\_  
**(Minimum of 5 residents are to be observed)**

Check the appropriate box	YES	NO	N/A
Medication cart locked when out of nurse's vision.			
Narcotic drawer locked.			
Maintains privacy of the MAR.			
<b>Right Client</b>			
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).			
<b>Right Medication</b>			
Medication name(s) 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			
<b>Right Dose</b>			
Medication dose(s) given matches dose on MAR/provider's order.			
<b>Right Route</b>			
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.			
<b>Right Time</b>			
Medication(s) given within one hour of prescribed time.			
Flags any residents unavailable at the time of administration for follow up.			
<b>Right Documentation</b>			
Medication(s) signed for after given to client.			
Resident's right to refuse medication(s) is correctly documented.			
<b>Infection Control</b>			
Hand hygiene performed between residents/ contact with environment.			
<b>Resident Centered Care</b>			
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 Residents dining experience are not given at meal times unless clinically necessary i.e. Metered dose inhalers/Eye drops/Etc.			
<b>TOTAL</b>			
<b>Comments/Follow-up:</b>			
<b>Audit completed by:</b> (Signature/Designation)		<b>Date:</b>	
<b>Reviewed with nurse:</b> (Nurse's Signature)		<b>Date:</b>	