

MEDICATION ROOM AUDIT- Acute Care

The College of Pharmacists of Manitoba (CPhM)'s Hospital Standards of Practice and Guidelines on Practice of Hospital Pharmacy and Accreditation Canada (standard 12.10) – Medication storage areas are regularly inspected and improvements are made if needed.

Facility Name: _____

Unit: _____

Date of Audit: _____

Filled out by: _____

Security	Met	Not Met	N/A	Comments & Actions Taken
1. Medication room is locked when not occupied.				
2. Medication cart(s) and cupboard(s) are locked when in the medication room.				
3. Medication room and cart key(s) are on the person of authorized personnel only (if applicable).				
4. Medication cart(s) is locked and secured to wall when not in use and/or not in a medication room accessible to authorized personnel only.				
Medication Storage	Met	Not Met	N/A	Comments & Actions Taken
5. Room air temperature is maintained to ensure integrity of medication.				
6. The medication room is clean, neat, clutter-free, well organized, and maintained.				
7. All labels are clean, legible, firmly affixed on medication, and pharmacy-generated (no handwritten changes).				
8. Natural health products supplied by the patient/family are properly labeled with patient name not covering the name, strength, lot number or expiry date on the packaging. Handwriting the name or room number on the package is not sufficient.				
9. Medication cart & drawers/cupboards are properly labeled, neat and clean.				
10. Bottles of liquids are clean and free from spills.				
11. Ward stock internals* and externals** are stored separately.				
12. Ward stock label includes lot number and expiry date (where applicable).				
13. The amount of ward stock is reasonable.				
14. Discontinued and expired*** medications are removed from active use.				

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15. Discontinued, unexpired, intact pharmaceutical products are set aside for return to pharmacy.				
16. Expired*** or open medications are sent to pharmacy for disposal of as pharmaceutical waste.				
17. Patient's own medications are stored separately from medication in the medication room.				
18. Hazardous medications (cytotoxic and non-cytotoxic) are properly labeled and stored.				
19. Anesthetic gases and volatile liquid anesthetic agents are stored in an area with adequate ventilation, as per the manufacturer's instructions.				
20. Emergency & Night Cupboard medications are reasonably stocked & within expiry date.				
21. Look-alike, sound-alike medications; different concentrations of the same medication; are stored separately.				
Products requiring beyond-use dating are dated upon opening:				
22. Injections				
23. Oral preparations (e.g. reconstituted suspensions)				
24. Eye & ear preparations				
25. Topical preparations				
26. Inhalers & devices				
Refrigerator	Met	Not Met	N/A	Comments & Actions Taken
27. Medications requiring refrigeration are stored in the fridge.				
28. Only medications are stored in the fridge (no food/beverages).				
29. Fridge is clean, dry, and well organized. Medications are stored in the center of the fridge, not in the door.				
30. Medications are within expiry date.				
31. Fridge temperature is maintained between 2-8°C.				
32. Medication fridge temperature is recorded at least once daily.				
33. Vaccine fridge temperature is recorded twice daily (if applicable).				
Controlled Substances	Met	Not Met	N/A	Comments & Actions Taken
34. All controlled substances are securely stored under a double-lock.				

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35. All controlled substances are counted and signed by 2 nurses at shift change per facility policy.				
36. All controlled substances are accurately accounted for.				
37. All controlled substances vials or ampoules are for single use, waste is documented (prefilling syringes & opened containers for administration is not acceptable).				
38. The amount of controlled substances is reasonable.				
Library (the following are available on the unit)	Met	Not Met	N/A	Comments & Actions Taken
39. Regional Drug Formulary (binder or intranet)				
40. Regional Adult and Pediatric Parenteral Drug Monographs (binder or intranet)				
41. CPS (book or intranet)				
High Alert Medications	Met	Not Met	N/A	Comments & Actions Taken
42. High alert medications are labeled with high alert sticker & stored separately i.e. separate rows or bins. NOTE: an audit of heparin products, high potency narcotics and concentrated electrolytes is performed annually.				
Multi-dose Vials (MDV)	Met	Not Met	N/A	Comments & Actions Taken
43. MDV is labeled with the patient's name once opened (should be used for a single patient).				
44. MDV is labeled with the date opened and discarded after 28 days, BUD dating (or manufacturer instructions).				
45. Controlled substance MDVs are used as a single-dose vial, the remaining volume is wasted and no open vials are present.				
Score out of _____				
Percentage				

Pharmacy General Comments / Recommendations:

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Pharmacy Assistant/Student/Technician: _____

Date: _____

Pharmacist: _____

Date: _____

Forwarded to ward

Date: _____

Nursing Follow-up on Recommendations

Accreditation Canada Standard 2.16 – The interdisciplinary committee monitors compliance with each step of the medication management process. Examples include audits of medication storage areas.

How are these result shared with nursing staff (e.g. meeting minutes, posting in med room)? Where can evidence be found that these results were shared?

Nursing Manager: _____

Date: _____

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Please List All Expired Products Pulled from Each Location

All Cupboards/Drawers:

Fridge/Freezer:

Med Carts:

Night Cupboards:

Narcotics:

Upcoming Expiries for Next Audit: