

MEDICATION ROOM AUDIT- Personal Care Home

Manitoba Health Personal Care Homes (PCH) Standards 12.21- The pharmacist ensures that: Audits of the medication storage room, emergency drug box, in-house drug box, and controlled substance storage are conducted and documented at least every third month.

Facility Name: _____

Unit: _____

Date of Audit: _____

Security	Met	Not Met	N/A	Comments & Actions Taken
1. Medication room is locked when not occupied.				
2. Medication cart(s) is locked when in the medication room.				
3. Medication room and cart key(s) are on the person of authorized personnel only.				
Medication Storage	Met	Not Met	N/A	Comments & Actions Taken
4. Room air temperature is maintained below 25 °C to ensure integrity of medication.				
5. Medication room temperature is recorded once daily.				
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; "Refer to MAR" stickers are acceptable).				
8. Natural health products supplied by the resident/family are properly labeled with a resident chart label or an addressograph label 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 and pouch porters are properly labeled, neat and clean.				
10. Bottles of liquids are clean and free from spills.				
11. Wardstock internals* and externals** are stored separately.				
12. Cigarettes, hearing aids and liquor for residents use are stored separately from medication in the medication room.				
13. The amount of wardstock is reasonable.				

*Internals: orally ingested, nasal spray, inhalers, injections
 ***Expired: manufacturer expiry date or beyond-use dating

**Externals: patches, eye drops, topical creams, ointments, suppositories

MEDICATION ROOM AUDIT- Personal Care Home

14. Discontinued and expired*** medications are removed from active use.				
15. Discontinued, unexpired, intact pharmaceutical products are set aside for return to pharmacy.				
16. Expired*** or open medications are disposed of as pharmaceutical waste.				
17. Hazardous medications (cytotoxic and non-cytotoxic) are properly labeled and stored.				
Products requiring beyond-use dating are dated upon opening:				
18. Injections				
19. Oral preparations (e.g. reconstituted suspensions)				
20. Eye & ear preparations				
21. Topical preparations				
22. Inhalers & devices				
Refrigerator	Met	Not Met	N/A	Comments & Actions Taken
23. Medications requiring refrigeration are stored in the fridge.				
24. Only medications are stored in the fridge (no food/beverages).				
25. Fridge is clean, dry, and well organized. Medications are stored in the center of the fridge, not in the door.				
26. Fridge temperature is maintained between 2-8°C.				
27. Medication fridge temperature is recorded at least once daily.				
28. Vaccine fridge temperature is recorded twice daily.				
Controlled Substances	Met	Not Met	N/A	Comments & Actions Taken
29. All controlled substances are securely stored under a double-lock.				

*Internals: orally ingested, nasal spray, inhalers, injections
 ***Expired: manufacturer expiry date or beyond-use dating

**Externals: patches, eye drops, topical creams, ointments, suppositories

MEDICATION ROOM AUDIT- Personal Care Home

30. All controlled substances are counted and signed by 2 nurses at least once every 7 days or more frequently per facility policy.				
Anaphylaxis Kit	Met	Not Met	N/A	Comments & Actions Taken
31. The anaphylaxis kit contains appropriate medications and all medications are within expiry dating.				
32. Withdrawals are documented including: date, resident name, quantity used, nurse signature.				
Emergency /Stat Drug Box	Met	Not Met	N/A	Comments & Actions Taken
33. There are appropriate quantities of medications on hand.				
34. All medications are within expiry dating.				
35. The list of medications is posted and readily accessible.				
36. Withdrawals are documented including: date, name & strength of the drug, quantity taken, name of the resident, name of the nurse.				
High Alert Medications	Met	Not Met	N/A	Comments & Actions Taken
36. Cytotoxic injections are labeled with "high alert double check".				
37. Heparin products - The following parenteral items are <u>NOT stocked</u> : Heparin multi-dose vials and heparin greater than 10,000 units per container. -Stat box/resident-specific limited to: unfractionated heparin 10,000 units/mL 0.5 mL vial; dalteparin 10,000 units/mL 1 mL ampoule and dalteparin labeled "high alert double check".				

*Internals: orally ingested, nasal spray, inhalers, injections
***Expired: manufacturer expiry date or beyond-use dating

**Externals: patches, eye drops, topical creams, ointments, suppositories

MEDICATION ROOM AUDIT- Personal Care Home

38. High Potency Narcotics - The following parenteral items are <u>not stocked</u> : fentaNYL dose greater than 100 mcg per container, HYDROmorphone dose greater than 2 mg, morphine dose greater than 15 mg – Labeled resident-specific (not wardstock), in their original packaging, and are labeled with “high alert double check”.				
39. Insulin - once opened, insulin vials are removed from their boxes, have resident-specific labels and are stored in their pouch porter.				
40. Concentrated Electrolytes – The following items are <u>not stocked</u> : Calcium salts greater or equal to 10%, Magnesium sulfate greater than 20%, Potassium salts greater or equal to 2mmol/mL, Sodium chloride greater than 0.9%				
Multi-dose Vials	Met	Not Met	N/A	Comments & Actions Taken
41. Insulin taken from the stat box for urgent use is labeled with the resident’s name once opened and treated as outlined above in #39.				
42. Lorazepam multi-dose vials 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:

Pharmacy Assistant/Student/Technician: _____ Date: _____

Pharmacist: _____ Date: _____

Forwarded to the PCH Date: _____

*Internals: orally ingested, nasal spray, inhalers, injections
***Expired: manufacturer expiry date or beyond-use dating

**Externals: patches, eye drops, topical creams, ointments, suppositories

MEDICATION ROOM AUDIT- Personal Care Home

Nursing Follow-up on Recommendations

Manitoba Health Personal Care Homes (PCH) Standards 12.22 – The pharmacist ensures that: The audit results are shared with nursing staff.

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?

PCH Nursing Manager: _____

Date: _____

*Internals: orally ingested, nasal spray, inhalers, injections
***Expired: manufacturer expiry date or beyond-use dating

**Externals: patches, eye drops, topical creams, ointments, suppositories