

Annual Practice Review Medication Safety Checklist

		Utilizes reference?	
Y	N	Utilizes appropriate reference (e.g. Medical Directive book, app, pediatric reference tape)	
		Verbalizes RIGHT patient?	
Y	N	Verbalizes indications, conditions and confirms no contraindications?	
		Verbalizes RIGHT drug?	
Y	N	Cross checks drug with someone else (e.g. hands vial/amp to individual and have them read drug name, expiry, concentration, clarity)	
		Verbalizes RIGHT dose?	
Y	N	Cross check dose with someone else (before and AFTER medication is prepared)	
		Verbalizes RIGHT route?	
Y	N	Verbalizes preferred route of administration?	
		Verbalizes RIGHT time?	
Y	N	Confirm consent (informed/implicit)?	
Y	N	Confirm all required assessments, procedures completed prior? (e.g. VS, IV etc)	
Y	N	Verbalizes when drug is being given (INCLUDE dose being given)?	
		Drug administration	
Y	N	Administers medication to standard (e.g. PO, SL, IM, SQ, IN, IVP)	
Y	N	N/A	Sharps safety?

Case #: _____ Service: _____ PCP / ACP: _____ Date: _____

Drug/Route: _____

***NOT AN EVALUATION**