

Monthly Medication Station Review

NAME OF INSTITUTION: _____ LOCATION: _____ MONTH: _____

MEDICATION CABINET- GENERAL	YES	NO
1.) Locked		
2.) Organized appearance		
3.) Drugs out-dated or within one month of out-dating		
4.) Drugs requiring refrigeration		
5.) Ophthalmic solutions with precipitates		
6.) Labels: dirty, illegible, incorrect, incomplete, defaced, missing		
7.) Old or deteriorated appearing drugs		
8.) External/ Internal preparations separated		
9.) Non-drug items present (personal effects, food, etc.)		
10.) "Recall" drugs present		
11.) Other (specify)		
CONTROLLED DRUGS		
12.) Storage area locked		
13.) Non-controlled drugs present		
14.) Proof of Use Sheet for each patient's drug supply		
MEDICATION PREPARATION AREA		
15.) Adequate space, lighting, etc.		
16.) Organized, clean, etc.		
17.) Stop orders posted, observed, understood		
18.) Correlation of patient records, medication card, patient medications (spot check)		
EMERGENCY KIT		
19.) Available		
20.) Sealed		
21.) Items used promptly replaced		
22.) Inventory on outside		
REFRIGERATOR		
23.) Locked or locked box		
24.) Thermometer, proper temperature (degree)		
25.) Drugs out-dated or within one month of out-dating		
26.) More than one vial of same drug in use		
27.) Drugs not requiring refrigeration present		
28.) Clean, organized appearance		
ITEMS REMOVED BY OR RETURNED TO PHARMACIST (List on separate sheet)		
LIST OF DEFICIENCIES, PROBLEMS OR SUGGESTIONS (List on separate sheet)		
PERSONS CONTACTED AT TIME OF VISIT (List by name and title)		

Date: _____

Pharmacist's Signature _____

Time: From _____ To _____