

Agency:		Month Covering:	
Program Name(s):		Review Date:	
<b>Medication Certified Staff</b>		<b>Yes</b>	<b>No</b>
Is the List of certified staff up-to-date?		<input type="checkbox"/>	<input type="checkbox"/>
Is the list of certified staff posted?		<input type="checkbox"/>	<input type="checkbox"/>
Is list of certified staff adequate to meet the facility needs? If "No" what is the "Corrective Action Plan?" (Please explain below):		<input type="checkbox"/>	<input type="checkbox"/>
Are the medication keys carried by the medication certified staff at all times?		<input type="checkbox"/>	<input type="checkbox"/>
<b>Medication Administration Records</b>		<b>Yes</b>	<b>No</b>
Are the prescriptions current?		<input type="checkbox"/>	<input type="checkbox"/>
Are prescriptions reviewed per policy by a licensed practitioner?		<input type="checkbox"/>	<input type="checkbox"/>
Are prescriptions accessible to staff when medication is administered?		<input type="checkbox"/>	<input type="checkbox"/>
Are prescriptions accurately transcribed on the MAR/Kardex?		<input type="checkbox"/>	<input type="checkbox"/>
Are prescriptions accurately transcribed on the Pharmacy's Labels?		<input type="checkbox"/>	<input type="checkbox"/>
Does MAR/Kardex reflect that all medications were administered as ordered?		<input type="checkbox"/>	<input type="checkbox"/>
Are standing orders current?		<input type="checkbox"/>	<input type="checkbox"/>
Are standing orders signed by the licensed practitioner every 90 days?		<input type="checkbox"/>	<input type="checkbox"/>
Is the Medication Storage Area:	Clean?	<input type="checkbox"/>	<input type="checkbox"/>
	Locked?	<input type="checkbox"/>	<input type="checkbox"/>
	Immobile?	<input type="checkbox"/>	<input type="checkbox"/>
	Accessible to licensed or certified staff only?	<input type="checkbox"/>	<input type="checkbox"/>
	Arranged so that external and internal medications are separated?	<input type="checkbox"/>	<input type="checkbox"/>
	Kept between 36 and 46 degrees F (36° and 46°) for refrigerated medications?	<input type="checkbox"/>	<input type="checkbox"/>
	Contain only medication and medication supplies?	<input type="checkbox"/>	<input type="checkbox"/>
Are controlled medications:	Kept in a double-locked, immobile container?	<input type="checkbox"/>	<input type="checkbox"/>
	Accessible only by a key kept on a separate key ring?	<input type="checkbox"/>	<input type="checkbox"/>
	Counted by designated staff at every change of shift and/or whenever there is a change in responsibility of the meds?	<input type="checkbox"/>	<input type="checkbox"/>
Date of last quarterly review of med policies and procedures by the licensed practitioner and supervising nurse:		Date:	
Date of last medication review by the licensed practitioner and supervising nurse		Date:	

**ERRORS**

Please note the number of errors, by types:

<input type="checkbox"/> Omission: _____ # _____	<input type="checkbox"/> Pharmacy Error _____ # _____	<input type="checkbox"/> Documentation _____ # _____
<input type="checkbox"/> Lack of Med Cert Staff: _____ # _____	<input type="checkbox"/> Violation of 5 Rights: _____ # _____	<input type="checkbox"/> Other (List below): _____ # _____

Please list the details of "Other" Error:

Please note the number of Errors requiring medical attention / serious errors / Significant Events:

<input type="checkbox"/> How many errors required medical attention? _____ # _____	
<input type="checkbox"/> Were copies of the Med Error Report / SE Report forwarded to Risk Management within 12 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> What Corrective Action was taken, if any. Please explain:	

**STAFF TRAINING**

Are any staff due for annual on-site observation or post course one-site internship?  Yes  No

Identify any medication certified staff suspended from medication administration. Please include name, date and reason for suspension

Please list topics of any training you provided to the medication certified staff this month.

Were medical policy and procedures reviewed this quarter?  Yes  No. If "yes", please provide the date of review:

**EMERGENCY PROCEDURES**

Are procedures for contacting Chain of Command and Emergency Medical Care clearly written, understood and available to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is information regarding children's allergies readily available to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are rescue inhalers and Epi Pens kept in a secure location, easily and quickly available in the event of an emergency need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are appropriate facility staff members trained at least annually in the emergency use of inhalers and Epi Pens, including the indications, side effects and any special precautions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a list of these trained staff maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional comments:

Name of Nurse:	Signature of Nurse:	Date:
Name of Director:	Signature of Director:	Date: