

MEDICATION ADMINISTRATION AUDIT FORM

Agency/Location _____ Date _____

MAC Worker _____ MAS Nurse _____

Reason for Audit/Observation: _____

| # | Criteria | Y | N | N/A | Comments |
|----|---|---|---|-----|----------|
| 1 | Does person served have any contact/infection control precautions? Did staff follow precautions? | | | | |
| 2 | Did staff use proper handwashing technique? | | | | |
| 3 | Did staff prepare meds for more than one person? | | | | |
| 4 | Were meds pre-poured/set-up? | | | | |
| 5 | Did staff use 3 checks? <ul style="list-style-type: none"> • When removing meds from storage • When opening medication/removing from packaging/container • Prior to assisting/administering | | | | |
| 6 | Did person check to verify allergies? | | | | |
| 7 | Did staff use the 7 Rights of med administration? <ul style="list-style-type: none"> • Right person • Right time • Right med • Right dose • Right route • Right reason • Right documentation | | | | |
| 8 | Were there any distractions/interruptions? <ul style="list-style-type: none"> • Avoidable • unavoidable | | | | |
| 9 | Did staff observe person taking med/check to ensure po meds were swallowed? | | | | |
| 10 | Did staff tell person what meds they were taking? | | | | |
| 11 | Did staff document on MAR immediately after assisting/administering meds? | | | | |
| 12 | Did staff ensure med container was clean prior to returning to proper storage? | | | | |
| 13 | Can staff state the following: <ul style="list-style-type: none"> • Agency policy/procedure related to assisting/administering meds • 7 rights of med administration | | | | |

January 2020 This is a Mandatory form used by MAS nurse to complete training with MAC workers, nurses on ALL Medication errors (except documentation errors). To be kept in training file 5 years

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|--|--|--|--|--|--|
| | <ul style="list-style-type: none">• When the 3 checks must be performed• What to do in case an error occurs | | | | |
|--|--|--|--|--|--|

**ALL STAFF MUST SIGN THE BACK OF THIS FORM
SIGNATURES/CREDENTIALS MANDATORY**

MAC _____ DATE _____

MAS _____ DATE _____

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