

NDP 18
Sept 2019

CHANGE OF SHIFT CONTROLLED MEDICATION COUNT SHEET

MONTH _____
YEAR _____

Date	Shift	On Coming Staff Signature/Credentials	Off Going Staff Signature/Credentials
1	1 st		
	2 nd		
	3 rd		
2	1 st		
	2 nd		
	3 rd		
3	1 st		
	2 nd		
	3 rd		
4	1 st		
	2 nd		
	3 rd		
5	1 st		
	2 nd		
	3 rd		
6	1 st		
	2 nd		
	3 rd		
7	1 st		
	2 nd		
	3 rd		
8	1 st		
	2 nd		
	3 rd		
9	1 st		
	2 nd		
	3 rd		
10	1 st		
	2 nd		
	3 rd		
11	1 st		
	2 nd		
	3 rd		
12	1 st		
	2 nd		
	3 rd		
13	1 st		
	2 nd		
	3 rd		
14	1 st		
	2 nd		
	3 rd		
15	1 st		
	2 nd		
	3 rd		
16	1 st		
	2 nd		
	3 rd		
17	1 st		

Agency is required to have a shift to shift verification for controlled medications. Agency can use this form or create their own. Change of Shift controlled medication verification documentation is mandatory.

NDP 18
 Sept 2019

Date	Shift	On Coming Staff Signature/Credentials	Off Going Staff Signature/Credentials
	2 nd		
	3 rd		
18	1 st		
	2 nd		
	3 rd		
19	1 st		
	2 nd		
	3 rd		
20	1 st		
	2 nd		
	3 rd		
21	1 st		
	2 nd		
	3 rd		
22	1 st		
	2 nd		
	3 rd		
23	1 st		
	2 nd		
	3 rd		
27	1 st		
	2 nd		
	3 rd		
25	1 st		
	2 nd		
	3 rd		
26	1 st		
	2 nd		
	3 rd		
27	1 st		
	2 nd		
	3 rd		
28	1 st		
	2 nd		
	3 rd		
29	1 st		
	2 nd		
	3 rd		
30	1 st		
	2 nd		
	3 rd		
31	1 st		
	2 nd		
	3 rd		

COMMENTS/NOTES: All Notations Must Be Signed and Dated By the MAS Nurse

Agency is required to have a shift to shift verification for controlled medications. Agency can use this form or create their own. Change of Shift controlled medication verification documentation is mandatory.