NDP 16
8-2022

OPTIONAL FORM

MEDICATION DESTRUCTION RECORD

Date	Name of Drug (Rx #)	Dose of Drug	Form (pills, caps, gtts, etc.)	# Discarded	Reason Code	Person's Name	Signature #1/Credentials (ONE MUST BE NURSE OR PHARMACIST)	Signature #2/Credentials

REASON CODES:

1. Med discontinued by prescriber
2. Person experienced adverse reaction
3. Person expired
4. Person discharged
5. Other – **MUST EXPLAIN ON BACK**

DESTRUCTION RECORDS MUST BE MAINTAINED AT LEAST FIVE YEARS (5)

All agencies must have a policy and procedure on medication destruction. A record must be maintained on ALL meds destroyed. Agency must have medication destruction documentation.

OPTIONAL FORM

EXPLANATIONS/COMMENTS

All Notations Must Be Dated and Signed by MAS Nurse

All agencies must have a policy and procedure on medication destruction. A record must be maintained on ALL meds destroyed. Agency must have medication destruction documentation.