## **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)**

#### **OPTIONAL FORM**

# **EXPLANATIONS/COMMENTS** *All Notations Must Be Dated and Signed by MAS Nurse*