

ATTACHMENT DD - MEDICATION ROOM AUDIT TOOL
DPSCS Pharmacy Services RFP No. Q0016025

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
MARYLAND DPSCS PHARMACEUTICAL SERVICES AUDIT FORM

INSTITUTION: _____ DATE: _____

MEETS REQUIREMENTS (X) PROBLEM AREA = = = IMMEDIATE ATTENTION REQUIRED **

MEDICATION STORAGE:

- 1. Adequate security is provided at all locations where drugs are stored and keys are controlled by authorized personnel..... []
- 2. Medication room and carts locked when not in use..... []
- 3. Medication room / carts clean..... []
- 4. Internal and External medication are separated..... []
- 5. All medications stored in accordance with manufacturer's recommendation []
- 6. Refrigerator in proper working order; temperature 38-46 degrees F..... []
- 7. Medication containers are properly labeled []
- 8. No discontinued, expired or deteriorated meds on hand..... []
- 9. Multiple doses (parenterals) dated when opened and discarded after 30 days..... []
- 10. Stock medication inventory does not exceed DOC approved levels..... []
- 11. No food and/or drink in refrigerator with medication..... []

RECORDS:

- 1. Stock medication records maintained in accordance with DOC policy..... []
- 2. Medication order on medication administration record (MAR) transcribed correctly (spot check)..... []
- 3. Patient data on MAR is complete, including refusals..... []
- 4. Start and stop dates documented on MAR..... []
- 5. Dosage administration and refusals properly documented..... []
- 6. Personnel administering medications have signed and initialed the MAR..... []
- 7. Medication disposal records in order..... []
- 8. Inventory count for sharps equals count sheet balance..... []
- 9. PRN medications are properly documented..... []

CONTROLLED MEDICATION:

- 1. DEA controlled drugs stored under double lock..... []
- 2. Inventory count for controlled drugs equals count sheet balance..... []
- 3. Change of shift count records complete..... []
- 4. Correct procedure for disposal of controlled drugs..... []
- 5. Change of shift count is completed every eight (8) hours..... []

EMERGENCY MEDICATION:

- 1. Seal on emergency box/cart intact..... []
- 2. No expired medications present..... []
- 3. List of contents posted..... []
- 4. No medications missing and no additional items present..... []
- 5. Record indicating a minimum of monthly inspections present..... []

RECOMMENDATIONS:

- 1. Previous recommendations attended to (if not listed under comments)..... []
- COMMENTS: _____

Director of Nursing (or designee)

Pharmacy Consultant

NOTE: ONE COPY OF REPORT TO BE MAINTAINED AT FACILITY.

DC Form 130-603aB