

Environmental Rounds Audit – Medication Storage/Handling

Facility _____ Unit _____

I. MEDICATION ROOM/CARTS	Yes	No	N/A
A. Medication room door closed and locked when not in use?	___	___	___
B. Medication carts locked when not in use?	___	___	___
C. Expired or discontinued medications present?	___	___	___

Comments: _____

II. REFRIGERATED MEDICATIONS	Yes	No	N/A
A. Unauthorized food/drug products present?	___	___	___
B. Open injectables:			
1. Lantus Insulin dated when opened, and open less than 28 Days?	___	___	___
2. PPD vials dated when opened, and open less than one month?	___	___	___
3. All other multiple dose injectables dated when opened?	___	___	___
4. Open single dose vials available?	___	___	___
C. Expired or discontinued medications present?	___	___	___
D. Temperature between 36-46° F?	___	___	___

Comments: _____

III. EMERGENCY BOX	Yes	No	N/A
A. Emergency Box locked?	___	___	___
B. Are any medications listed as expired?	___	___	___

Comments: _____

IV. CONTROLLED DRUGS	Yes	No	N/A
A. Medication stored in double locked cabinets?	___	___	___
B. Discontinued or expired medications present?	___	___	___
C. Items other than controlled substances in Narcotic cabinet?	___	___	___
D. Spot-check count of four items. Is count correct?	___	___	___

Comments: _____

Audit performed by: _____ Date: _____

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