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| **Checklist for Medication Management and Policies** |
| Each facility should review policies/procedures for medication management from the contracted pharmacy. Then, the facility can develop policies/procedures for medication management that were not covered by the contracted pharmacy. A medication safety committee, with representation from all disciplines, may be the best place for medication policies to be developed. Changes in policies/procedures for medication management are effectively communicated to all clinical staff.  |
| **Does your facility have the following?** | **Yes** | **No** | **Assigned to** | **Comments** |
| **1** | Guidelines for components of the history & physical that the nurse needs to complete prior to calling the practitioner? |  |  |  |  |
| **2** | Recommendations that the indication for treatment be included in the original medication order? |  |  |  |  |
| **3** | Standards for legible handwriting? |  |  |  |  |
| **4** | A policy for medication reconciliation and a tool? |  |  |  |  |
| **5** | Guidelines for warfarin and a warfarin worksheet or flowsheet for monitoring? |  |  |  |  |
| **6** | Access to a list of high alert medications? |  |  |  |  |
| **7** | A policy about verbal orders? |  |  |  |  |
| **8** | A policy about monthly editing? |  |  |  |  |
| **9** | A policy about transmission of medication orders to the pharmacy? |  |  |  |  |
| **10** | A list of acceptable/unacceptable abbreviations that are the same as the pharmacy? |  |  |  |  |
| **11** | A list of look-alike/sound-alike drugs? |  |  |  |  |
| **12** | Access to the pharmacy dispensing protocol? |  |  |  |  |
| **13** | A time frame policy in place for timely delivery of routine and “stat” medications? |  |  |  |  |
| **14** | Access to contracted pharmacy computer system that alerts staff to inappropriate doses, potential side effects, allergies, drug-drug interactions & therapeutic duplication? |  |  |  |  |
| **15** | A policy for drug administration that includes checking the right patient, dose, route, frequency, & dosage form? |  |  |  |  |
| **16** | A policy requiring staff to demonstrate competency regarding medication administration upon hire and routinely thereafter? |  |  |  |  |
| **17** | A morphine sulfate administration chart that is readily accessible to staff? |  |  |  |  |
| **18** | A Do Not Crush List that is readily available to staff? |  |  |  |  |
| **19** | Policies in place for monitoring high-risk medications such as psychoactive medications? |  |  |  |  |
| **21** | A policy that requires review of patients on 9 or more medications? |  |  |  |  |
| **22** | Standards for therapeutic blood levels & monitoring recommendations for drugs with narrow therapeutic windows such as Digoxin or Phenytoin? |  |  |  |  |
| **23** | A standard of practice that encourages all caregivers to report a change in condition to the physician or nurse practitioner? |  |  |  |  |
| Review the items for which there was a “no” response and rank in order of importance for your facility.Adapted from “A Systems Approach to Quality Improvement in Long-Term Care: Safe Medication Practices Workbook” <http://www.macoalition.org/Initiatives/docs/safe_medication_practices_wkbk-2008.pdf> |