HEALTHCARE MEDICATION SAFETY TEMPLATE

Medication Safety Checklist

Audit reconciliation, prescribing, storage, preparation, administration, high-alert medicines, monitoring, patient communication, transitions of care, medication incidents, corrective actions, and system learning.

FACILITY / UNIT	DATE / SHIFT	AUDIT SCOPE	AUDITOR / REVIEWER

1. Audit setup, medication-safety governance, scope, roles, and immediate-risk criteria

1 Confirm the facility, department or service, audit date and shift, auditor, medication-safety lead, pharmacy contact, clinical owner, and escalation contacts. — MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Define the medication-use stages in scope before sampling.

2 Define the patient-care areas, medication-use stages, patient groups, high-risk medicines, transitions of care, and sample period included in the review. — CRITICAL — MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Use recent incidents to focus high-risk areas.

3 Verify current medication-management policies, formularies, approved abbreviations, high-alert medicine safeguards, allergy processes, and local requirements are accessible to staff. — MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Keep escalation contacts visible.

4 Review recent medication errors, adverse drug events, near misses, omissions, reconciliation discrepancies, high-alert incidents, and overdue corrective actions relevant to the audited area. — CRITICAL — MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Do not collect unnecessary patient identifiers.

5 Confirm staff know how to stop or contain an immediate medication risk, obtain urgent clinical or pharmacy review, report an event, and escalate a serious safety concern. — MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Use current facility medication policies.

6 Capture the audit scope and evidence without recording unnecessary patient-identifying information, and use the organization's approved privacy and documentation practices. — MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Critical risks need immediate containment.

2. Medication history, reconciliation, allergies, transitions of care, and discrepancy resolution

7 Verify the organization obtains the medication information required by its reconciliation process at admission, transfer, discharge, or other defined transitions of care.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Medication reconciliation is a transition-of-care safety process.

8 Confirm the medication history includes the information needed by the organization to compare current therapy with new orders, such as medication name and other required regimen details.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Allergy information must be visible to the right clinicians.

9 Check documented allergies, intolerances, and previous serious adverse drug reactions are visible to the clinicians responsible for prescribing, dispensing, and administration.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Resolve discrepancies rather than simply documenting them.

10 Verify medication discrepancies such as omissions, duplications, unintended continuation, unintended discontinuation, or conflicting doses are identified and resolved by an authorized clinician.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Communicate changes to the next care setting.

11 Confirm medication changes made during transfer or discharge are communicated in a form useful to the next care team and, where appropriate, to the patient or caregiver.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Include the patient when appropriate.

12 Review unresolved or repeatedly occurring reconciliation discrepancies for process gaps involving information sources, handoff quality, workload, documentation, or accountability.

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Trend repeat reconciliation failures.

3. Prescribing and order entry, indication, dose, route, frequency, patient factors, and clarification

13 Review sampled medication orders for complete and unambiguous patient, medicine, dose, route, frequency or timing, and other information required by facility policy.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Medication orders should be complete and unambiguous.

14 Check the prescriber considered documented allergies, current medicines, duplication, interactions, contraindications, relevant laboratory results, and patient-specific factors when required.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Patient-specific dosing needs the required clinical data.

15 Verify dose, route, formulation, concentration, infusion instructions, duration, and maximum limits are appropriate for the intended medication and patient under the applicable clinical protocol.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Clarify unusual or conflicting orders.

16 Confirm weight-based, renal, hepatic, pediatric, geriatric, oncology, or other patient-specific dosing calculations are checked using the organization's approved process when applicable.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Do not rely on assumptions.

17 Check unclear, incomplete, conflicting, illegible, or unusual orders are clarified with an authorized prescriber before dispensing or administration rather than interpreted by assumption.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Review override patterns.

18 Review overrides, verbal or telephone orders, urgent orders, order-set exceptions, and decision-support bypasses for required authorization, documentation, and follow-up.

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Decision support is strongest when workflows do not normalize bypasses.

4. Medication storage, security, expiry, temperature, high-alert medicines, and look-alike/sound-alike controls

19 **Inspect medication storage areas for secure access, orderly organization, cleanliness, adequate lighting, and separation from food, specimens, chemicals, or other incompatible materials.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Storage design is an error-prevention control.

20 **Verify medicines requiring controlled temperature are stored and monitored according to manufacturer instructions, pharmacy policy, and applicable local requirements, with excursions handled through the approved process.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Temperature excursions need the approved disposition process.

21 **Check expired, recalled, damaged, contaminated, discontinued, returned, or otherwise non-usable medicines are identified and segregated so they cannot be selected accidentally.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Segregate expired or recalled stock.

22 **Confirm high-alert or high-risk medicines are identified and stored with the additional safeguards defined by the organization, including restricted access or standardized storage where required.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: High-alert medicines need defined safeguards.

23 **Check look-alike/sound-alike medicines, different strengths, concentrated formulations, and similar packaging are managed using the organization's approved differentiation and storage strategies.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: LASA medicines benefit from differentiation strategies.

24 **Verify emergency, crash-cart, antidote, reversal-agent, and other critical medicines included in the facility program are available, within expiry, secured appropriately, and replenished after use.**

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Emergency medicines need routine readiness checks.

5. Medication preparation, compounding, labeling, calculations, syringes, infusions, and aseptic controls

25 **Observe sampled medication preparation and verify the correct medicine, formulation, strength, dose, diluent, concentration, and final volume are selected according to the authorized order.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Use the authorized order during preparation.

26 **Confirm calculations and conversions are performed using the organization's approved method and independently verified when required by policy or the medicine's risk controls.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Independent checks should be used only where policy requires and should be genuinely independent.

27 **Verify medicines transferred from original packaging to another container are labeled as required, especially when they are not administered immediately after preparation.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Label medicines that are not immediately administered.

28 **Check prepared syringes, infusion bags, cups, basins, or other medication containers remain traceable to the medicine and intended use according to facility labeling requirements.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Maintain traceability of prepared containers.

29 **Confirm aseptic preparation, vial and ampule handling, needle and syringe use, injection-site preparation, and single-use versus multi-dose practices follow current facility infection-prevention procedures.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Follow aseptic preparation rules.

30 **Escalate wrong concentration, unclear labeling, suspected contamination, calculation discrepancy, preparation outside authorized conditions, or another issue that could cause medication harm before administration.**

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Stop before administration if concentration or labeling is uncertain.

6. Medication administration, patient identification, bedside checks, documentation, and interruption control

31 Observe sampled medication administration and verify patient identity using the organization's approved identification process before the medicine is given.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Patient identification comes before administration.

32 Confirm the medicine, dose, route, timing, indication, allergy status, and required pre-administration assessment or monitoring are checked according to facility policy.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Check the facility-defined medication administration controls.

33 Verify barcode medication administration or other electronic verification is used as designed when available, and workarounds or overrides are investigated when they become routine.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Investigate routine barcode workarounds.

34 Check required independent verification for selected high-risk medicines or calculations is truly independent and documented according to organizational policy.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Document omitted and held doses.

35 Confirm medication administration is documented promptly and accurately, including omissions, refusals, held doses, PRN indications and effects, and other required information.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Reduce avoidable interruptions.

36 Observe the medication round environment for avoidable interruptions, distractions, multi-tasking, unsafe batch preparation, unsecured medicines, or other workflow conditions that increase error risk.

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Do not prepare or leave medicines unsecured outside policy.

7. High-alert medicines, anticoagulants, insulin, opioids, concentrated electrolytes, and risk-specific safeguards

37 Verify the organization maintains a current list of high-alert or high-risk medicines relevant to its services and defines specific safeguards for ordering, storage, preparation, administration, and monitoring.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: High-alert medicines can cause severe harm when errors occur.

38 Check insulin processes address formulation, concentration, dose measurement, timing with nutrition where relevant, glucose monitoring, and independent verification or other safeguards required by policy.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Use organization-specific safeguards rather than one universal double-check rule.

39 Review anticoagulant therapy for appropriate patient assessment, dose selection, relevant laboratory or clinical monitoring, interaction review, education, and bleeding-risk escalation according to the facility protocol.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Insulin, anticoagulants, opioids, and concentrated injectables need risk-specific controls.

40 Check opioid processes address dose selection, prior exposure when relevant, sedation or respiratory-risk assessment, monitoring, co-administered sedatives, rescue-agent availability, and escalation criteria.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Monitoring is part of administration safety.

41 Verify concentrated electrolytes and other high-risk injectable products are standardized, restricted, stored, prepared, and administered using the organization's approved risk-reduction strategy.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Keep rescue strategies ready.

42 Review high-alert medication overrides, rescue use, administration delays, monitoring failures, near misses, and adverse events for rapid learning and system-level corrective action.

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Learn from near misses as well as harm events.

8. Monitoring, therapeutic response, adverse reactions, laboratory follow-up, interactions, and rescue readiness

43 **Confirm medicines requiring laboratory, physiological, or clinical monitoring have the required tests, observations, and follow-up scheduled and reviewed within the appropriate timeframe.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Medication safety continues after the dose is given.

44 **Check renal function, hepatic function, electrolytes, blood counts, coagulation results, glucose, drug levels, ECGs, or other relevant monitoring are reviewed when required by the medicine or patient condition.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Link monitoring requirements to the actual medicine and patient.

45 **Verify PRN, sedating, pain, insulin, anticoagulant, antimicrobial, infusion, and other monitored therapies have documented response or effectiveness assessment when required.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Escalate deterioration quickly.

46 **Confirm suspected adverse drug reactions, allergic reactions, toxicity, over-sedation, hypoglycemia, bleeding, infusion reactions, or other medication-related deterioration trigger prompt patient assessment and escalation.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Make rescue medicines and contacts accessible.

47 **Check reversal agents, antidotes, rescue medicines, emergency response equipment, and escalation contacts required by the organization's medication-safety program are accessible and within readiness requirements.**

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Review alert fatigue and missed results.

48 **Review repeated monitoring omissions, delayed lab review, missed deterioration, interaction alerts, or duplicate therapy for system improvements in workflow, communication, or decision support.**

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Trend monitoring failures.

9. Patient and caregiver communication, education, self-administration, discharge medicines, and handover

49 Verify patients or caregivers receive medication information appropriate to their needs, including medicine purpose, significant changes, key precautions, and what to do if a problem occurs.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Patients need clear medication-change information at transitions.

50 Check high-risk discharge medicines receive the additional counseling, written information, monitoring plan, or follow-up required by the organization's policy.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: High-risk medicines often need enhanced counseling.

51 Confirm medication changes, stopped medicines, new medicines, dose changes, and outstanding monitoring are communicated clearly during discharge or transfer.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Discharge lists should reflect the final plan.

52 Verify the medication list provided at discharge or transfer is reconciled with the current plan and is usable by the patient, caregiver, and next care provider as applicable.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Self-administration needs formal controls.

53 Check patient self-administration, bedside medicines, personal medicines brought from home, and patient-controlled therapy are governed by the organization's approved assessment and control process.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Use teach-back when appropriate.

54 Use teach-back, interpreter services, accessible formats, caregiver involvement, or other communication supports when required to reduce misunderstanding of the medication plan.

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Include caregivers or interpreters when needed.

10. Medication incidents, near misses, corrective actions, learning, trend review, and final sign-off

55 Record medication-safety findings with the process stage, location, risk level, immediate containment, accountable owner, target date, and approved evidence without unnecessary patient identifiers.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Report near misses, not only harm events.

56 Verify medication errors, near misses, adverse drug events, omitted doses, wrong-patient risks, wrong-dose events, storage failures, and monitoring gaps are reported through the organization's required process.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Correct systems, not only individuals.

57 Confirm serious or recurring medication events receive contributing-factor, system, or root-cause review at the level required by organizational policy and applicable reporting rules.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Use objective closure evidence.

58 Create corrective actions that address the underlying system issue, such as storage design, labeling, staffing, technology, order sets, workflow, training, handoff, or monitoring, rather than relying only on reminders.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Trend by process stage and medication class.

59 Trend medication-safety events by medication, high-alert class, process stage, unit, shift, error type, contributing factor, severity, and recurrence to identify priorities for improvement.

CRITICAL | MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Escalate recurrence.

60 Record the final audit result, critical risks contained, open high-priority actions, next review date, medication-safety lead, clinical owner, auditor, reviewer, date, time, and sign-off.

MEDICATION

Compliant | Needs attention | Critical risk | N/A

Execution tip: Final sign-off should show every remaining high-risk action.