**<INSERT ORGANISATION NAME> MEDICATION AUDIT CHECKLIST**

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| **MEDICATION AUDIT CHECKLIST** | | |
| *Tick yes or no against each point. The more yeses you can tick, the more confident you can be that your medication procedure is being implemented correctly:* | | |
| **Medication Records** | **Yes** | **No** |
| Has a medication assessment been carried out? |  |  |
| Has a care plan been produced that reflects the assessment? |  |  |
| Has the Medication Administration Record Sheet (MAR) been completed in full? |  |  |
| Is the MAR legible? |  |  |
| Has all medication due been initialled?  If no, has a report been made in the daily record/care diary as to why? |  |  |
| If applicable, are the codes for non-administration being used correctly? |  |  |
| If applicable, is the dose and time of PRN medication given recorded? |  |  |
| If applicable, have any changed doses been deleted and rewritten and not just amended? |  |  |