[Insert organisation name/logo]

# MONTHLY MEDICATION AUDIT

***🖌Note\****

*All client medication administration templates should be reviewed by qualified medical personnel before finalising.*

*\*Please delete note before finalising this template.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Detail | Date | Yes/No | Signed by(insert name) | Signature |
| Are all prescriptions in date? |  |  |  |  |
| Are all medications in original containers? |  |  |  |  |
| Are all medications containers undamaged? |  |  |  |  |
| Are all medications being stored in the correct location? |  |  |  |  |
| Is the medication cabinet locked? |  |  |  |  |
| Is the record of staff signatures for those authorised to dispense medication up to date and current?  |  |  |  |  |
| Are all Client Medication Summaries, including PRN Summaries complete and current? |  |  |  |  |
| Are all Client Medication Records, including PRN Records complete and current? |  |  |  |  |

|  |  |
| --- | --- |
| Next monthly audit due date |  |