| HIGH POINTE HOUSE MEDICATION PASS TRACER |  |     |    |                |          |
|--|--|-----|----|----------------|----------|
| #  | AREA   | YES | NO | STAFF RESPONSE | COMMENTS |
| 1  | Aseptic technique and proper hand washing procedures will be         |     |    |                |          |
|  | followed prior to medication preparation and administration.         |     |    |                |          |
| 2  | Nursing staff will administer medications only from labeled          |     |    |                |          |
|  | containers. Prior to administration, the nurse will check the label  |     |    |                |          |
|  | to verify the patient's name, medication name, fill date, dose,      |     |    |                |          |
|  | frequency, expiration date, doctor's name, and directions for        |     |    |                |          |
|  | administration.  |     |    |                |          |
| 3  | Verify the medication is correct as ordered by the physician, based  |     |    |                |          |
|  | on medication order and label.                                       |     |    |                |          |
| 4  | If a medication has special storage requirements, the nurse will     |     |    |                |          |
|  | verify proper storage of medication prior to administration.         |     |    |                |          |
| 5  | Products will be inspected for particles, cloudiness, discoloration, |     |    |                |          |
|  | deterioration or other visual contamination prior to patient         |     |    |                |          |
|  | administration.  |     |    |                |          |
| 6  | Prior to the administration of any medication, the medicating staff  |     |    |                |          |
|  | member will identify the patient using two patient identifiers.      |     |    |                |          |
| 7  | Review purpose and contraindications for administration of the       |     |    |                |          |
|  | medication.  |     |    |                |          |
| 8  | Verify the medication is being administered at the correct time, in  |     |    |                |          |
|  | the prescribed dose, and in the correct route.                       |     |    |                |          |
| 9  | Advise the patient/caregiver of routine side effects and potentially |     |    |                |          |
|  | significant adverse reactions.                                       |     |    |                |          |
| 10                                       | Review, at a minimum, the following patient information: a. Age      |     |    |                |          |
|  | b. Sex   |     |    |                |          |
|  | c. Current Medications   |     |    |                |          |
|  | d. Diagnoses and co-existing conditions                              |     |    |                |          |
|  | e. Relevant lab values   |     |    |                |          |
|  | f. Allergies and past sensitivities                                  |     |    |                |          |
|  | g. In addition, the patient's height and weight, and pregnancy and   |     |    |                |          |
|  | lactation status will be considered when applicable                  |     |    |                |          |
| 11                                       | The administration of the medication, including dose and route,      |     |    |                |          |
|  | will be documented in the EHR.                                       |     |    |                |          |

| DATE:           | TIME: | OBSERVER: |
|-----------------|-------|-----------|
| STAFF OBSERVED: |       |           |
| STAFF OBSERVED: |       |           |