[Insert organisation name/logo]

# MONTHLY MEDICATION AUDIT

***Note\*****All client medication assistance 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 current? |  |  |  |  |
| 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 medication administration authorisation form current?  |  |  |  |  |
| Are all Client medication summaries, including PRN, complete and current? |  |  |  |  |
| Are all Client medication records, including PRN, complete and current? |  |  |  |  |

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