



17760

All Wales Medication Safety Monitoring - Stage 1 Medication Review

Please mark with an **X** where appropriate

Q1a FOC Hospital ID Code:

Q1b Ward Name/ Number:

Q1c FOC Ward ID Code:

Q2 Is the medicine allergy status documented on the drug chart **(including no known allergies)**? Yes No

Q3 Is the VTE risk assessment documented on the medication chart? Yes No

Q4 Was medicines reconciliation undertaken within 24 hours of admission? Yes No n/a

Q5 Has the patient had any unintentional medication doses omitted in the last 24 hours? Yes No

If your answer to Q5 is **YES**, please answer question 6 & 7
If your answer to Q5 is **NO**, the audit is complete

Q6 Indicate the number of missed doses in the previous 24 hours according to the reason (non-administration code) in the boxes below:

Code	Number of doses
Q6a Code 2 - Patient not on ward	<input type="text"/> <input type="text"/>
Q6b Code 3 - Patient unable to receive medicines/ or no access	<input type="text"/> <input type="text"/>
Q6c Code 4 - Patient refused medicine	<input type="text"/> <input type="text"/>
Q6d Code 5 - Medicine unavailable	<input type="text"/> <input type="text"/>
Q6e Code 6 - See notes	<input type="text"/> <input type="text"/>
Q6f No code documented (blank box)	<input type="text"/> <input type="text"/>

Q7 Indicate (with an **X**) if any of the missed doses in the previous 24 hours were any of the following:

- Q7a** Anticoagulant
- Q7b** Insulin
- Q7c** Opiate
- Q7d** Anti Infective
- Q7e** Critical time medicines **(see local policy)**

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