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:

<table>
<thead>
<tr>
<th>Code</th>
<th>Number of doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q6a</td>
<td>Code 2 - Patient not on ward</td>
</tr>
<tr>
<td>Q6b</td>
<td>Code 3 - Patient unable to receive medicines/ or no access</td>
</tr>
<tr>
<td>Q6c</td>
<td>Code 4 - Patient refused medicine</td>
</tr>
<tr>
<td>Q6d</td>
<td>Code 5 - Medicine unavailable</td>
</tr>
<tr>
<td>Q6e</td>
<td>Code 6 - See notes</td>
</tr>
<tr>
<td>Q6f</td>
<td>No code documented (blank box)</td>
</tr>
</tbody>
</table>

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)