

## Form – Safe Medication Management Checklist

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### 7 Rights

| 1. Right Environment      | Completed Yes/NO |
|---------------------------|------------------|
| Adequate physical space   |                  |
| Adequate Lighting         |                  |
| Little or no distractions |                  |

| 2. Right Person   | Completed Yes/NO |
|---|------------------|
| First Name  |                  |
| Last Name   |                  |
| Cross Check the Person's name with the name on the medication label |                  |

| 3. Right Medication  | Completed Yes/NO |
|--|------------------|
| Locate the doctor's medication order   |                  |
| Check that the doctor's medication order matches what is written on the blister pack     |                  |
| Check that the doctor's medication order matches what is written on the medication label |                  |

| 4. Right Dose                                  | Completed Yes/NO |
|--|------------------|
| Check the number of tablets and their strength |                  |

| 5. Right Time  | Completed Yes/NO |
|--|------------------|
| Check that the time written on the blister pack or medication label matches the GP's medication order  |                  |
| Check if the doctor has specified the time of day and the frequency the medications are to be taken  |                  |
| Check if the doctor has specified if medications are to be taken with food, before or after consuming food   |                  |
| Check the frequency ordered against the last dose given (for example, if the medication is to be administered every six hours, was the previous dose administered six hours or more prior) |                  |
| Check the frequency abbreviations. Do you know what the abbreviation means? If you are unsure, stop and seek advise from your manager or a pharmacy  |                  |

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| PRN Medication (as-needed)   | Completed Yes/NO |
|--|------------------|
| Check the circumstances under which the medication must be given   |                  |
| Check the circumstances under which a further dose can be given and what is considered a safe interval between doses |                  |
| Check the circumstances in which the doctor must be notified   |                  |

| 6. Right Route   | Completed Yes/NO |
|--|------------------|
| Check the medication route   |                  |
| Ensure you have been trained & hold competency to administer medication via this route |                  |

| 7. Right Documentation  | Completed Yes/NO |
|---|------------------|
| Check your organisation requirements of documentation of medication administration  |                  |
| Check that you have accurately completed the medication administration document   |                  |
| For PRN medication: <ul style="list-style-type: none"> <li>The dose and the time</li> <li>The reason for administration of PRN medication</li> <li>The result of administration the PRN medication</li> </ul> |                  |
| Check if you need to update the relevant support plan regarding the reason and result of the PRN medication administration  |                  |

| When medication is refused:     | Completed Yes/NO |
|---------------------------------|------------------|
| Document the medication refused |                  |
| Advise your manager             |                  |

### When to stop administration

The persons essential information is incorrect, not clearly identified or any other issues become present whilst you are completing the 7 rights, do the following:

|   | Completed Yes/NO |
|---|------------------|
| Stop what you are doing immediately   |                  |
| Report to your manager  |                  |
| Take incorrectly labelled medication back to the chemist and request it is repackaged correctly |                  |