

PHARMACY MONTHLY UNIT AUDIT

Date: ___/___/___ Unit/Clinic: _____ Manager: _____ Location: _____

#	Criteria	Yes	No	N/A	Comments
1	Are all medications secured? Are the medication cabinets/carts locked when not in use? Are the keys to the medication areas stored in Pyxis or secure key box?				
2	Is the drug inventory of adequate size without overstocking? Are all products in the unit dose/ready to use form when possible?				
3	Are the medication cart and storage areas clean, organized and labeled?				
4	Are external items stored separate from internal items?				
5	Are high-alert, sound-alike, and look-alike medications segregated and/or labeled? Is the list of high-alert medications posted on the unit or in the clinic?				
6	Are all medications in stock within the assigned expiration date? Are all expired, damaged, and/or contaminated medications stored separately from medications available for administration?				
7	Are there appropriate disposal containers for the disposal of medications? (RCRA – black, yellow/blue containers)?				
8	Are all opened sterile injectable multiple dose vials dated with the appropriate expiration date (does not exceed 28 days or Mfr recommendation; whichever is less)? Exp: ___/___/___ Initials (Exception: Multidose State Vaccines are valid until the expiration date on the vial unless the product is contaminated or compromised.)				
9	Have all single dose vials that have been opened been discarded?				
10	Is there a clean area segregated for preparing sterile doses of injectable meds?				
11	Are injectable medications prepared and administered in accordance with USP 797 guidelines? (Examples include but not limited to: preparation in a clean area, mixing only low risk medications for immediate use, and using any sterile injections within one hour.)				
12	Are all medications properly labeled?				
13	Is the refrigerator/freezer locked? If no, answer below. For non 24 hour service areas (clinics, procedures, etc.), is the refrigerator/freezer in a room that is locked? For 24 hour service areas (inpatient units), is the refrigerator/freezer in an area that is not accessible to the public without hospital personnel?				
14	Does the medication refrigerator/freezer have a working thermometer and is the temperature within an acceptable range. Refrigerator: (36°F to 46°F) or (2° to 8°C) and Freezer: (-58°F to +5°F) or (-50°C to -15°C) (NOTE: if the temperature is outside the acceptable range, contact your manager. Medications will need to be relocated or destroyed depending on the excursion.)				
15	Does the refrigerator/freezer have 24 hour monitoring in place?				
16	Does the refrigerator/freezer have a temperature log, and are the temperatures documented daily when the unit/clinic is open? (Hospital areas with central electronic monitoring are not required to document daily temperatures on a log.)				
17	Is the medication refrigerator/freezer free of food and specimens or inappropriate objects? (Including sterile reagents).				
18	Does the unit contain drug dosage conversion tables, the most current reference books and/or current electronic references, and access to the UTMB Formulary?				
19	Is the Emergency Cart/Box sealed, in date, and documentation complete?				
20	Is the clinic free of sample medications?				
21	For areas with Controlled Substances: Is a daily inventory completed when the unit/clinic is open?				

Monthly Audit Form-Rev April 2018.DOC

Comments: _____

Audit completed by: (Print Name) _____ (Signature) _____

Reported to: _____

OFF SITE CLINICS: Submit by the 15th of each month.
Scan and Email Completed Form to medaudit@utmb.edu
(Pharmacy Medication Audit/QA Process)