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| **Service Audit Template - NAME** |

**This audit should be completed by a suitably experienced person on a MONTHLY / QUARTERLY basis**

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| **Service Name** |  | **Date of Audit** |  | **Completed by** |  |

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| **No** | **Audit Criteria** | **Y/N/NA** | **Evidence, Observations & Actions Identified**  **You MUST add actions to Datix Audit Record** |
| **Section Heading meds room** | | | |
|  | **Medication Boxes with RED tags indicate that they are unopened. All boxes that are waiting to be signed out have red tags?** |  |  |
|  | **Medication Boxes with YELLOW tags indicate that they have been opened. All boxes awaiting replenishment have yellow tags?** |  |  |
| **Section Heading for a sample of red tagged medicines boxes** | | | |
|  | **The medicines room access sheet has been accurately filled out.** |  |  |
|  | **The medicines equipment form on the medicine box has been correctly filled out.** |  |  |
| **Section Heading for yellow tagged boxes** | | | |
|  | **The medication order form has been completed correctly?** |  |  |
|  | **The FP10PREC has been included in the box and corresponds to the medication order form** |  |  |
|  | **The medicines room access sheet has been accurately filled out.** |  |  |
|  | **The medicines equipment form on the medicine box has been correctly filled out.** |  |  |
|  | **The contents of the box are accurate and in line with what has been prescribed?** |  |  |
|  | **The yellow tag number corresponds to the tag number on the medication order form.** |  |  |
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