

Medication Arrival Checklist

1. Date and time medication arrived or picked up _____
2. Arrangements are made for minimal distractions while following this procedure _____
3. All Medications expected have arrived. Note and confirm any changes _____
4. Check each medication label for 7 R's by referencing the Medication Cover Sheet:
 - 1) Right Person
 - 2) Right Medication
 - 3) Right Dose
 - 4) Right Route
 - 5) Right Date/Time
 - 6) Right Reason for PRN
 - 7) Right Documentation

5. Add any necessary information to label, e.g. route _____
6. Count each pill in bubble pack to ensure:
 - a) correct number of pills in each bubble
 - b) correct number of bubbles filled

7. Initial each medication on the label if above information is correct _____
8. If a mistake has been made, do not initial the label. Complete an Incident Report for medication errors, and return medication to pharmacy for correction. Follow steps 4 – 7 for corrected meds _____
9. All medications stored in original container _____
10. Medication stored in an appropriate locked container _____
11. Medication arrival noted in the Log Notes _____
12. Checklist to be placed in Medication Signing Book _____
13. Ensure that documentation is completed on Medication Signing Sheet _____

Completed By: _____

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Section(s):	Medical	R	Feb 28/08	R/R	Sept 24/12	R	Nov 12/15
Program Area(s):	Adult Disability	R	Feb 7/18				