

## ED Technician Medication List Observation

Technician \_\_\_\_\_ Date \_\_\_\_\_

### Interview:

Did the technician introduce themselves and explain their purpose?	Yes/No
Did the technician verify patient using name and DOB?	Yes/No
Did the technician ask for or check chart for a list?	Yes/No
Did they verify that the patient was able to verbally confirm medications?	Yes/No
Did the technician use open ended questions?	Yes/No
Did the technician use targeted questions for completeness?	Yes/No
Did the technician ask if the patient had questions for a pharmacist?	Yes/No

### Medication list:

All medications entered correctly	
All entries complete (eg, dose, units, route frequency)	Yes/No
Actual dose listed, not number of tablets (exception: combination meds)	Yes/No
Correct SIG used	Yes/No
Use of "Instructions/Comments" fields only when necessary	Yes/No
All medications confirmed	Yes/No
Time last taken documented when known	Yes/No

### Assessment:

Appropriate resources (pharmacy, doctor's office) or contacts (family) were utilized	
Source of medication list documented	Yes/No
"Med Rec Ready" order placed	Yes/No

Pharmacist \_\_\_\_\_ Date \_\_\_\_\_