

Safe medication practice implementation assessment/checklist

1. Are all medications prepared for routine use in anaesthesia, intensive care, emergency medicine and pain medicine clearly labelled?

Yes

No

2. Are pre-filled syringes used wherever possible, e.g. atropine, epinephrine, norepinephrine, insulin, morphine?

Yes

No

3. Is a supply of user-applied colour-coded syringe labels [ISO, 2008. ISO 26825 : 2008(E)] available in every necessary location?

Yes

No

4. Is there a policy for labelling drug-containing syringes and infusion lines?

Yes

No

5. Is there a policy to minimise the risk of drug contamination and transmission of infections between patients, e.g. the contents of any one ampoule should be administered to only one patient?

Yes

No

6. Are drugs stored in ways designed to facilitate their easy identification and minimise the risk of error or misidentification?

Yes

No

7. Are local anaesthetic agents stored separately from general anaesthetic drugs?

Yes

No

8. Is intravenous potassium stored securely?

Yes

No

9. Are bowls, gallipots or other open containers for drugs, antiseptics or saline no longer used on the sterile field?

Yes

No

10. Is there a policy for flushing cannulae to reduce the risk of inadvertent administration of anaesthetic drugs in recovery units or on the ward?

Yes

No

11. Do all drugs supplied meet current national standards and regulations?

Yes

No

12. Do all anaesthetists report medication incidents to a local and/or national incident reporting system which is regularly reviewed in departmental meetings so that lessons can be learned and passed on?

Yes

No

13. Is there a policy for managing and learning from adverse events when they occur?

Yes

No