

Facility Name: _____ Observer: _____

Date(s): _____ Location of Medication Preparation: _____

Audit Tool: Hemodialysis injectable medication preparation

Observe a medication preparation session. (Use a “V” if action performed correctly, a “Φ” if not performed/performed incorrectly. If not observed, leave blank. All applicable actions within a row must have “V” for the procedure to be counted as successful.)

Day (i.e., M, Tu, W)	Shift (i.e., 1 - 4)	Discipline	Med prep done in designated area	Med prep area is clean *	All vial(s) are inspected **	Hand hygiene performed	Septum of all vial(s) disinfected	All vials entered with new needle and new syringe	Med prep done aseptically	All single dose vial(s) discarded	All multi dose vial(s) discarded or stored properly

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Number of sessions performed correctly = _____

Total number of sessions observed = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

*Preparation of injectable medications must be performed in a designated clean area that is free of obvious contamination sources (e.g., blood, body fluids, contaminated equipment, tap water).

**Vial should be discarded if sterility is questionable, or expiration date or beyond-use date has been exceeded. If a multi-dose vial will not be immediately discarded after use, the vial should be labeled upon opening to indicate the beyond-use date.

Facility Name: _____ Observer: _____
 Date: _____ Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Start time: _____ AM / PM

Audit Tool: Hemodialysis injectable medication administration

(Use a “√” if action performed correctly, a “Φ” if not performed/performed incorrectly. If not observed, leave blank. All applicable actions within a row must have “√” for the procedure to be counted as successful.)

Discipline	Medication properly transported to patient station*	Hand hygiene performed	Clean gloves worn	Injection port disinfected with antiseptic**	Medication administered aseptically	Syringe discarded at point of use	Gloves removed	Hand hygiene performed

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period: _____

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

* Medications should be transported directly from medication preparation area to individual patient. Medications should be prepared as close as possible to the time of medication administration. Medications that are not immediately administered by the person who prepared the medication must be labeled appropriately.

**Appropriate antiseptics are chlorhexidine, povidone-iodine, tincture of iodine, and 70% alcohol.