MEDICATION PASS WORKSHEET

Provider Number	Surveyor Name	Date/Time	Location/Staff

Instructions:
1. Observe medication administration by facility staff.
2. Record observation of each medication administered including medications that are held.
3. Reconcile record with physician orders.

Identifier	Pour	Pass	Notes
Patient's Name/Room #	Drug Name, Strength, Form and Quantity	Route/Techniques of Administration	Discrepancies Between Observation and Physician Orders, P&P/SOP

MEDICATION PASS WORKSHEET

Identifier	Pour	Pass	Notes
Patient's Name/Room #	Drug Name, Strength, Form and Quantity	Route/Techniques of Administration	Discrepancies Between Observation and Physician Orders, P&P/SOP