

Destiny Management
MEDICATION PACKAGE CHECK LIST
(Not applicable to non-prescription medications)

Client Name: _____

Medication: _____

- Note:
- a. Non- prescription drug containers not dispensed by a pharmacist shall retain the manufacturer's label with expiration dates clearly visible.
 - b. Packaging and labeling requirements also apply to medication samples.
1. Complete this checklist only for those clients to whom DMI staff ADMINISTER medication.
 2. Always check medication to confirm that the correct medication/dosage is in the bottle/pill pack for prescription medications.
 - 3. Complete for EACH original prescription OR refill.**
 4. Report any discrepancies to the pharmacist.
 5. Day Support/Summer Programs- file checklist in administrative files; purge after 1 year. AFLs- maintain checklist with paperwork. QP will review monthly.
 6. Place a √ or an X in each blank (√ = Yes X = No).

<p>Date: _____</p> <p><input type="checkbox"/> Client Name (1st and Last)</p> <p><input type="checkbox"/> Medication Name</p> <p><input type="checkbox"/> Strength</p> <p><input type="checkbox"/> Quantity</p> <p><input type="checkbox"/> Expiration Date</p> <p><input type="checkbox"/> Prescriber's Name</p> <p><input type="checkbox"/> Dispensing Practitioner</p> <p><input type="checkbox"/> Current Dispensing Date</p>	<p>Staff: _____</p> <p><input type="checkbox"/> Clear directions for self-administration (no abbreviations):</p> <p><input type="checkbox"/> Pharmacy/Dispensing Location Name</p> <p><input type="checkbox"/> Pharmacy/Dispensing Location Phone #</p> <p><input type="checkbox"/> Pharmacy/Dispensing Location Address</p> <p><input type="checkbox"/> Ancillary/cautionary labeling (as applicable)</p> <p><input type="checkbox"/> Expiration date</p> <p style="padding-left: 20px;">Child –proof container:</p> <p><input type="checkbox"/> Plastic bottles/vials with tamper-resistant caps</p> <p><input type="checkbox"/> Unit-of-use drugs (pill pack) – Zip Lock plastic bag</p>
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