

CRMC CHECKLIST FOR THE ACCEPTANCE OF INJECTABLE SUBSTANCES INTO THE CLINIC FROM PHARMCAY FOR MEDICAL GRADE REFRIGERATION STORAGE

Who can accept injectable medications at CRMC: Only Physicians, Nurse Practitioners, Registered Nurses, Licensed Practical Nurses, and Registered Health Care Aides with specific training for this procedure. **This checklist must be stapled to the prescription paper contained in the package.**

What to look for before accepting an injectable medication into the clinic:

- Is the medication to be administered via IV route?
If it is, **REFUSE ACCEPTANCE**

- Was the medication issued by a pharmacy within the past 1 hour?
If the medication did not come directly from a pharmacy, **REFUSE ACCEPTANCE**
If the medication took more than 1 hour to arrive from the pharmacy to the clinic, **REFUSE ACCEPTANCE**

- Was the bag from the pharmacy sealed with date and time on it?
If there is no seal strip on the package from the pharmacy, **REFUSE ACCEPTANCE**
If the seal strip with time and date is not present on the package, **REFUSE ACCEPTANCE**
If the medication took more than 1 hour to arrive from the pharmacy to the clinic, **REFUSE ACCEPTANCE**
If the seal shows more than 1 hour for the package to arrive from the pharmacy to the clinic, **REFUSE ACCEPTANCE**

- Was the medication transported in a thermal bag without ice?
If the medication was transported with ice, **REFUSE ACCEPTANCE**
If the medication or package was not contained in a thermal bag, **REFUSE ACCEPTANCE**

- Does the medication or its packaging feel warm to touch?
If the medication vial feels warm to touch, **REFUSE ACCEPTANCE**

- Does the medication look discoloured or in a non-uniform state (i.e. partially solid and partially liquid)
If it does, **REFUSE ACCEPTANCE**

- Are all vials contained sealed and unused?
If they are not, **REFUSE ACCEPTANCE**

- Is the medication/substance in date?
If the medication has passed the expiry date, **REFUSE ACCEPTANCE**

- Is there a printed prescription with posology contained in the package?
If there is no prescription contained it in, **REFUSE ACCEPTANCE**

NAME OF STAFF MEMBER WHO COMPLETED THE CHECKLIST AND DATE

DESIGNATION OF MEMBER OF STAFF WHO COMPLETED THE CHECKLIST

MD	NP	RN	LPN	HCA with specific training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>