



Healthcare Medication Administration Error Prevention Checklist 2026

Pre-Administration Verification

Steps to ensure the right patient, medication, dosage, and route are verified against the physician's orders before preparation.

Patient Identity Verified

- ☐ Yes
- ☐ No

Physician Order Verified

- ☐ Verified
- ☐ Discrepancy Found

Verification Checkpoints Completed

- ☐ Patient ID (2 Identifiers)
- ☐ Medication Name Check
- ☐ Dosage Calculation Check
- ☐ Route Verification
- ☐ Allergy Check

Verification Completion Date

Enter date...

Verifying Clinician Signature

Medication Preparation & Handling

Procedures for sterile technique, accurate measurement, labeling of syringes/containers, and checking expiration dates.

Verification of Medication Integrity

- ☐ Packaging is intact and uncompromised
- ☐ Expiration date is valid/not expired
- ☐ Medication label matches the MAR (Medication Administration Record)
- ☐ Solution is clear and free of particulate matter

Dosage Calculation Verification

Write something...

Preparation Environment Cleanliness

- ☐ Sterile
- ☐ Clean
- ☐ Contaminated/Requires Sanitization

Measured Volume/Dosage Amount

Enter a number...

Preparer Confirmation Signature

A large, empty rectangular box with rounded corners, intended for a signature.

Preparation Timestamp

Enter date...

Patient Identification & Safety Protocols

Standardized methods for using at least two patient identifiers and verifying allergy status and current clinical condition.

Primary Patient Identifier Used

- ☐ Full Name
- ☐ Date of Birth
- ☐ Medical Record Number (MRN)
- ☐ Barcode Scan

Safety Verification Steps Completed

- ☐ Patient wristband scanned/verified
- ☐ Allergy status checked and confirmed
- ☐ Patient verbalized name and DOB
- ☐ Current medication list reconciled

Verification Date

Enter date...

Clinician Verification Signature

Discrepancies Noted During Identification

Write something...

High-Alert Medication Protocols

Specific safety measures, dual-signature requirements, and independent double-checks for high-risk drugs (e.g., insulin, anticoagulants).

Medication Category

- ☐ Anticoagulants
- ☐ Insulin
- ☐ Opioids/Narcotics
- ☐ Electrolytes (Concentrated)
- ☐ Chemotherapeutic Agents
- ☐ Other High-Alert Medication

Pre-Administration Safety Checks Completed

- ☐ Independent Double-Check Performed
- ☐ Dosage Calculation Verified
- ☐ Patient Allergy Status Re-Confirmed
- ☐ Pump/Infusion Settings Verified

Second Verifying Clinician Signature

Discrepancy Notes

Verification Date

Administration Environment & Workflow

Controls for minimizing interruptions during medication passes and maintaining a sterile or clean administration area.

Medication Administration Area

- ☐ Medication Preparation Station
- ☐ Patient Bedside
- ☐ Nursing Station
- ☐ Emergency Cart/Crash Cart

Distraction Mitigation Measures Implemented

- ☐ No-Interruption Zone Signage in Use
- ☐ Use of 'Do Not Disturb' Vests/Alerts
- ☐ Minimized Staff Communication During Pass
- ☐ Adequate Lighting and Workspace Organization

Workflow Compliance Level

- ☐ Fully Compliant
- ☐ Partially Compliant (Minor Deviation)
- ☐ Non-Compliant (Immediate Action Required)

Observed Workflow Obstacles

Write something...

Supervising Nurse Verification

Post-Administration Monitoring

Documentation of administration time, assessment of therapeutic effect, and monitoring for adverse drug reactions (ADRs).

Date of Administration

Enter date...

Time of Administration

Enter time...

Patient Vital Signs Status

- ☐ Stable
- ☐ Unstable
- ☐ Critical/Alert

Observed Side Effects

- ☐ Nausea/Vomiting
- ☐ Dizziness
- ☐ Allergic Reaction
- ☐ Respiratory Distress
- ☐ None Observed

Clinical Observations & Patient Response Notes

Write something...

Administering Clinician Signature

Documentation & Electronic Health Record (EHR) Accuracy

Ensuring real-time, accurate logging of medication administration in the EHR to prevent duplicate dosing or omissions.

Medication Administration Timestamp

- ☐ Recorded in EHR
- ☐ Missing/Incomplete

Verification Checklist Completed

- ☐ Patient ID Verified
- ☐ Dosage Confirmed
- ☐ Route Confirmed
- ☐ Allergies Re-checked

Discrepancy Notes

Documentation Completion Date

Nurse/Clinician Electronic Signature

Upload Screenshot of EHR Entry (If error occurred)

 Upload File

Incident Reporting & Error Root Cause Analysis

Steps to take immediately following a medication error or 'near-miss' to ensure regulatory compliance and process improvement.

Date of Incident Occurred

Enter date...

Time of Incident Occurred

Enter time...

Incident Severity Level

- ☐ Near Miss (No harm reached patient)
- ☐ No Harm (Reached patient but no injury)
- ☐ Harm (Temporary injury/intervention required)
- ☐ Sentinel Event (Serious injury or death)

Potential Contributing Factors

- ☐ Incorrect Dosage
- ☐ Wrong Patient
- ☐ Wrong Route
- ☐ Communication Failure
- ☐ Equipment Malfunction
- ☐ Distraction/Interruption

Detailed Incident Description

Write something...

Root Cause Analysis & Corrective Actions

Write something...

Reporting Clinician Signature

Upload Supporting Evidence (e.g., Photos, Lab Results)



Upload File

< Previous

> Next

✓ Finish

 **Generate Sample Report**