

COLLECTIVE QA REPORT: PRESCRIBED MEDICATIONS

Review Period: ___ Weekly ___ Monthly ___ Quarterly Date of Review: _____

Total # of patients seen: _____ Adverse Outcomes: _____ Y _____ N

SUMMARY STATEMENT: On the above date, _____ (insert #) charts, identifiers listed below were chosen at random and reviewed for quality monitoring. The charts were reviewed for the following Prescribed Medication indicators:

1. Medications are prescribed per FDA guidelines (per PDR, NP Manual, or Product Insert)
2. Proper chart documentation of medication name, dosage, and directions for use and are legible
3. Medications prescribed are appropriate for the patient dx according to practice protocol
4. Controlled medications were ordered according to regulations of BME and ABN
5. No medications were ordered or refilled due to nature of visit

Chart #/Identifier			
Date of Service			
D=Discussed –noted changes which are needed √ = Appropriate NA=Not applicable	1. 2. 3. 4. 5.		

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MD/DO has reviewed / discussed all of the above with CRNP. All adverse events have been reviewed and ***noted with the letter A.***

_____ MD/DO Date: _____

_____ CRNP Date: _____