HIGH-RISK DRUG CLASS AUDIT

INSTRUCTIONS: Check (✓) the box(es) that correspond to the high-risk drug class ordered for this resident. Note: The resident may have orders for more than one (1) drug class. Record the information for each item of that drug class. Use the reverse side for Additional Comments/Notes as appropriate. The clinician conducting the audit will sign and date as indicated as well as any additional comments or notes on the reverse side.

HIGH-RISK DRUG CLASS	NAME OF DRUG	DIAGNOSIS OR INDICATION FOR DRUG	DOSAGE AND FREQUENCY	DATE DRUG INITIATED	PRESCRIBING PHYSICIAN/ PHYSICIAN EXTENDER	LOCATION OF DIAGNOSIS/ INDICATION DOCUMENTATION	LAB(S)/ MONITORING FOR ADVERSE REACTION(S) IN PLACE
❑ **Antipsychotic**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Antianxiety**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Antidepressant**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Anticoagulant** (warfarin, heparin, low-molecular weight heparin)							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Antibiotic**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Diuretic**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Opioid**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Antiplatelet**							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse
❑ **Hypoglycemic** (includes insulin)							❍ No ❍ Yes
Action(s) Needed/Comments:							❑ Cont.'d on reverse

Auditor Signature/Title:_____ **Date:**_____

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed

ADDITIONAL COMMENTS/NOTES

NAME–Last	First	Middle	Attending Physician	Record No.	Room/Bed