

## MONTHLY DRUG REGIMEN REVIEW

**INSTRUCTIONS:** The pharmacist will: 1) record the date of the review and check the corresponding box to reflect his/her review of the resident's chart; 2) record review of findings/recommendations and 3) sign and record date of review. Action taken should be noted in the space provided. The DON, Medical Director and Attending Physician must acknowledge the recommendations by signing in space provided.

MONTH	FINDINGS	RECOMMENDATIONS/COMMENTS	ACTION TAKEN	SIGNATURES	
<b>JANUARY</b>	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify)	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ Date: _____ DON: _____ Date: _____ Medical Director: _____ Date: _____ Attending Physician: _____ Date: _____	
DATE: _____					
<input type="checkbox"/> Medical Chart Reviewed					
<b>FEBRUARY</b>	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify)	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ Date: _____ DON: _____ Date: _____ Medical Director: _____ Date: _____ Attending Physician: _____ Date: _____	
DATE: _____					
<input type="checkbox"/> Medical Chart Reviewed					
<b>MARCH</b>	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify)	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ Date: _____ DON: _____ Date: _____ Medical Director: _____ Date: _____ Attending Physician: _____ Date: _____	
DATE: _____					
<input type="checkbox"/> Medical Chart Reviewed					
<b>APRIL</b>	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify)	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ Date: _____ DON: _____ Date: _____ Medical Director: _____ Date: _____ Attending Physician: _____ Date: _____	
DATE: _____					
<input type="checkbox"/> Medical Chart Reviewed					
<b>MAY</b>	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify)	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ Date: _____ DON: _____ Date: _____ Medical Director: _____ Date: _____ Attending Physician: _____ Date: _____	
DATE: _____					
<input type="checkbox"/> Medical Chart Reviewed					
<b>JUNE</b>	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify)	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ Date: _____ DON: _____ Date: _____ Medical Director: _____ Date: _____ Attending Physician: _____ Date: _____	
DATE: _____					
<input type="checkbox"/> Medical Chart Reviewed					

NAME-Last

First

Middle

Attending Physician

Record No.

Room/Bed

# MONTHLY DRUG REGIMEN REVIEW

MONTH	FINDINGS	RECOMMENDATIONS/COMMENTS	ACTION TAKEN	SIGNATURES	
<b>JULY</b> DATE: _____  <input type="checkbox"/> Medical Chart Reviewed	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify) _____	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ DON: _____ Medical Director: _____ Attending Physician: _____	Date: _____ Date: _____ Date: _____ Date: _____
<b>AUGUST</b> DATE: _____  <input type="checkbox"/> Medical Chart Reviewed	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify) _____	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ DON: _____ Medical Director: _____ Attending Physician: _____	Date: _____ Date: _____ Date: _____ Date: _____
<b>SEPTEMBER</b> DATE: _____  <input type="checkbox"/> Medical Chart Reviewed	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify) _____	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ DON: _____ Medical Director: _____ Attending Physician: _____	Date: _____ Date: _____ Date: _____ Date: _____
<b>OCTOBER</b> DATE: _____  <input type="checkbox"/> Medical Chart Reviewed	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify) _____	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ DON: _____ Medical Director: _____ Attending Physician: _____	Date: _____ Date: _____ Date: _____ Date: _____
<b>NOVEMBER</b> DATE: _____  <input type="checkbox"/> Medical Chart Reviewed	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify) _____	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ DON: _____ Medical Director: _____ Attending Physician: _____	Date: _____ Date: _____ Date: _____ Date: _____
<b>DECEMBER</b> DATE: _____  <input type="checkbox"/> Medical Chart Reviewed	<input type="checkbox"/> No irregularities <input type="checkbox"/> Irregularities (specify) _____	<b>Recommendations made to:</b> <input type="checkbox"/> Attending Physician <input type="checkbox"/> DON <input type="checkbox"/> Medical Director	<input type="checkbox"/> No action needed	Pharmacist: _____ DON: _____ Medical Director: _____ Attending Physician: _____	Date: _____ Date: _____ Date: _____ Date: _____

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