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/COMMEN	TS	ACTION TAKEN	SIGNATURES		
JANUARY	 No irregularities Irregularities (specify) 				Pharmacist:		Date:
DATE:					DON:		Date:
Medical				100	Medical Director:		Date:
Chart Reviewed		Recommendations made to: Attending Physician DON Medical D	Virootor	□ No action needed	Attending Physician:		Date:
FEBRUARY	No irregularities		nector	a No action needed	Pharmacist:		Date:
DATE:	Irregularities (specify)			0615	DON:		Date:
		147		5	Medical Director:		Date:
Medical Chart		Recommendations made to:			Attending Physician:	/	Date:
Reviewed	D No inconstruction	Attending Physician DON Medical D	Director	No action needed	Pharmacist:		Date:
MARCH DATE:	 No irregularities Irregularities (specify) 	2022					
DAIL.		-0-1611-9 C	$\left \right\rangle$		DON:		Date:
Medical		ST DE	$ \setminus \langle$		Medical Director:		Date:
Chart Reviewed	×55	Recommendations made to:	Director	No action needed	Attending Physician:		Date:
APRIL	□ No irregularities		J		Pharmacist:		Date:
DATE:	□ Irregularities (specify)				DON:		Date:
					Medical Director:		Date:
Medical Chart		Recommendations made to:			Attending Physician:		Date:
Reviewed MAY	No irregularities	□ Attending Physician □ DON □ Medical D	Director	No action needed	Pharmacist:		Date:
DATE:	□ Irregularities (specify)				DON:		 Date:
					Medical Director:		Date:
Chart Reviewed		Recommendations made to:	Director	No action needed	Attending Physician:		Date:
JUNE	No irregularities				Pharmacist:		Date:
DATE:	Irregularities (specify)				DON:		Date:
□ Medical					Medical Director:		Date:
Chart		Recommendations made to:			Attending Physician:		Date:
Reviewed		CATTENDING Physician DON Dedical D		No action needed			
NAME-Last	First	Middle A	Attending Pl	hysician		Record No.	Room/Bed

MONTHLY DRUG REGIMEN REVIEW

MONTH	FINDINGS	RECOMMENDATIONS/COMMENTS	ACTION TAKEN	SIGNATURES	
JULY	No irregularities			Pharmacist:	Date:
DATE:	Irregularities (specify)			DON:	Date:
Medical				Medical Director:	Date:
Chart Reviewed		Recommendations made to:	ctor Do action needed	Attending Physician:	Date:
AUGUST				Pharmacist:	Date:
DATE:	Irregularities (specify)		e O IAIL	DON:	Date:
Medical Chart			APRO K	Medical Director: Attending Physician:	Date:
Reviewed		Recommendations made to:	ctor No action needed		Date:
SEPTEMBER		2/142/12	5	Pharmacist:	Date:
DATE:	Irregularities (specify)	TI CALLE		DON:	Date:
Medical		as I II	$, \leq \rangle $	Medical Director:	Date:
Chart Reviewed		Recommendations made to:	otor D No action needed	Attending Physician:	Date:
OCTOBER	No irregularities			Pharmacist:	Date:
DATE:	□ Irregularities (specify)			DON:	Date:
Medical				Medical Director:	Date:
Chart Reviewed		Recommendations made to: Attending Physician DON DM Medical Direction	ctor Do action needed	Attending Physician:	Date:
NOVEMBER	 No irregularities Irregularities (specify) 			Pharmacist:	Date:
DATE:	a meguianties (specify)			DON:	Date:
Medical				Medical Director:	Date:
Chart Reviewed		Recommendations made to:	ctor Do action needed	Attending Physician:	Date:
DECEMBER	□ No irregularities			Pharmacist:	Date:
DATE:	□ Irregularities (specify)			DON:	Date:
□ Medical				Medical Director:	Date:
Chart Reviewed		Recommendations made to:		Attending Physician:	Date:
		Attending Physician DON Medical Direct			
NAME-Last	First	Middle Attend	ding Physician	Record No. Roo	om/Bed

MONTHLY DRUG REGIMEN REVIEW