

Correct Medication Taking Checklist

Parameters	YES	NO
1. Does a recent list of the client's medications exist? Number of medications _____		
2. Does the list correspond with what the client has on hand and reports taking?		
3. Are there discrepancies or conflicts in written orders from different providers?		
4. Are medications missing or are there duplications (e.g. 2 containers with different doses)?		
5. Are there medications that should not be taken together, i.e., interact adversely?		
6. Is the client taking over-the-counter medications?		
7. Is the client taking or caregiver giving medications correctly (dose, frequency, time, route), s)?		
8. Does the client or caregiver understand the purpose of PRN medications?		
9. Does the client or caregiver use some kind of record to keep track of medications taken?		
10. Does the client or caregiver use pill boxes or some other device to organize medications?		
11. Are there an excess of "old medications" in the house?		