**Prescription Audit**

**IP/OP number..**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of patient written with IP/OP number | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Medication written in capital letter |  |  |  |  |  |  |  |  |  |  |
| Medication orders are clear and easily readable |  |  |  |  |  |  |  |  |  |  |
| Medication orders have date and time mentioned |  |  |  |  |  |  |  |  |  |  |
| Medication orders have route mentioned |  |  |  |  |  |  |  |  |  |  |
| Medication orders have dosage mentioned (not required for single dose) |  |  |  |  |  |  |  |  |  |  |
| Medication orders have frequency mentioned |  |  |  |  |  |  |  |  |  |  |
| Prescription/Medication order is signed  |  |  |  |  |  |  |  |  |  |  |
| Prescription/Medication order is named |  |  |  |  |  |  |  |  |  |  |
| Whether the drug is relevant to the disease/condition? |  |  |  |  |  |  |  |  |  |  |
| Any drugs or combination of drugs which cause drug-drug interaction |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Date- Signature of the Auditor**