Sample Prescription Audit Format

Patient's Label

Name _____ Age/Gender _____

UHID:_____ IP No. _____

Date of Admission: _____ Dept./Unit: _____

Ward: _____ Date of Discharge: _____

Bed No.: _____ Doctor-in charge: _____

Sample Prescription Audit Format

Date of prescription _____

Time of prescription _____

PRESCRIPTION AUDIT CHECKLIST		
S. No.	**Audit Parameters**	**Yes/ No/ NA**
1.	Prescription in Capitals	
2.	Generic Name	
3.	Clearly legible	
4.	Strength of Drug	
5.	Route of Administration	
6.	Dosage regimen entered	
7.	Total no. of Doses	
8.	Decimals/ Symbols/ Stamp Used	
9.	Overwriting	
10.	Food drug interaction	
11.	Non-standard abbreviations	

Details of Auditor:

Name _____ Designation _____

Sign _____ Date _____

Disclaimer

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