Injection Safety: Observation of Portable Medication Systems

Instructions: Observe three portable medication carts. For each category, record the observation as Yes, No, or N/A. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Divide by sum of "Yes"+"No". Disregard not applicable categories.

	Medication cart: Observation Categories	Cart 1	Cart 2	Cart 3	Summary of Observations	
					Yes	Total "Yes" + "No"
1	If multi-dose injectable medications are present are they maintained in a dedicated medication prep space?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
2	Are alcohol dispensers readily accessible, filled, and functioning properly?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the medication cart free of opened single dose vials or opened single use containers?	❑ Yes	❑ No			
4	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
5	Are safety syringes available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
6	Are sharps containers available, secured, and not full?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
	TOTAL (Total YES and No Only)					

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments: