# 8 Prescription Audit Tool

Use one sheet to record the audit results for each record.

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| **Audit number:** |  |
| **Audit date:** |  |
| **Auditor:** |  |

| **Requirement** | **Attainment** | **Risk** | **Comment** |
| --- | --- | --- | --- |
| **a. Methadone prescriptions** | | | |
| * Are handwritten on the approved H572M forms, or computer printed text (if the service has approval from the Director-General of Health) signed by the prescriber * Provide for medication supply for a maximum period of 28 days * Begin on day when the client consumes their medication dose at a pharmacy under the pharmacist’s observation * Are received by the pharmacist at least one day before the due date to supply * Are endorsed as ‘daily dispensing, close control’ and initialled by the prescriber * Are endorsed with the name of the dispensing pharmacy * Are written with the daily dose in numeric and word form eg, 80 (eighty) mg * Are written with clear instructions regarding takeaway days and increasing/decreasing dose regimens * Include specific instructions for holiday periods * Where doses are split, there are clear instructions regarding which part of the dose is to be consumed under observation |  |  |  |
| **b. Buprenorphine prescriptions in combination with Naloxone (Suboxone®)** | | | |
| * Provide for medication supply in a 28-day cycle (ie, 28, 56 or 84 days) * Begin on the day when the client consumes their medication dose at pharmacy under the pharmacist’s observation * Are received by the pharmacist at least one day before the due date to supply * Are endorsed with the name of the dispensing pharmacy * Are written with the daily dose in numeric and word form, eg, 16 (sixteen) mg * Are written with clear instructions regarding takeaway days and increasing/decreasing dose regimens * Include instructions to crumble observed doses * Include specific instructions for holiday periods |  |  |  |