



ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG

Name of Unit/Department/Ward:

Date:

Drug Chart Audit (Transcribing)

Sl.No.	Activities	Yes	No	NA	Remarks
1	Correct and complete patient identification in the drug chart				
2	All medicines names are written in capital letter and in generic form with complete spelling of the drug name				
3	Start date of all the medicine are written				
4	Verbal order information is recorded in drug chart as V/O in the bracket as well as recorded in the case sheet and signed by the nurse on duty which is counter signed by the prescriber later or next day but within 24 hours.				
5	Antibiotic days are numbered with red ink in the drug chart				
6	The dose, route and frequency are written legibly				
7	There is a leading zero (0) for values less than 1. (Eg 0.25mg).				
8	There is no trailing zero (0) for values more than 1. (Eg 2.0mg - wrong)				

Name of Assessor:

Designation:

Note: - The assessor must write 'Yes' or 'No' in the space provided for each activities. DC above represent the Drug chart and the number represent the number of drug chart you assess. Example DC 1- Drug Chart 1, and so on.