



Medication Order Writing Audit - Data Collection Worksheet

Location _____ Reviewer _____ Date _____ Sheet #: _____

	MD	Nurse	Pharmacist
Leading Zero (.x) (Row 6)			
Trailing Zero (x.0) (Row 7)			
Abbreviated Drug Name (Row 8)			
# Once Daily Orders (Row 10)			
# Orders QD, qd, OD, od (Row 11)			
# Every Other Day Order (Row 13)			
# Orders QOD, qod, eod (Row 14)			
# of Unit Orders (Row 16)			
# Orders U, u, iu, IU (Row 17)			
# of Sublingual Orders (Row 19)			
# Orders SL (Row 20)			
# of Subcutaneous Orders (Row 22)			
# Orders SC, SQ, sub q (Row 23)			
# of Eye/Ear Drop Order (Row 25)			
# Orders AU, AS, AD, OU, OS, OD (Row 26)			
# of Microgram Orders (Row 28)			
# Order ug (Row 29)			
Total # of Orders Reviewed (Row 4)			



Location _____ Reviewer _____ Date _____ Sheet #: _____

	MD	Nurse	Pharmacist
Illegible Prescription (Row 34)			
Use of Non-Metric Units (Row 35)			
Dosage Form Used Instead of Metric Units (Row 36)			
Order Written Over (Row 37)			
Patient Name Missing (Row 39)			
Patient Number Missing (Row 40)			
Date Missing (Row 41)			
Time Missing (Row 42)			
Generic Name Missing (Row 43)			
Route Missing (Row 44)			
Dose Missing (Row 45)			
Strength Missing (Row 46)			
Dilution/Rate/Time of Admin Missing (Row 47)*			
Frequency Missing (Row 48)			
Prescriber ID Missing (Row 49)			
Total # PRN Orders (Row 52)			
# Missing Indication for PRN Order (Row 53)			
Total # Orders for Pts <50kg (Row 55)			
Orders for <50kg Missing mg/kg (Row 56)			

**See the Reviewer_Guide_June08 for a description of this measure and whether it applies.*