

Medication Cross-Check

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*This Checklist should be used for **ALL** medication administration. All medications administered should be verified with the Field Reference Guide (electronic or hard copy).*

REQUIRED VERIFICATION ITEMS (with 2nd provider):

Yes	No	
		Verify Right Patient
		Verify Right Medication and Concentration (visually verify name and concentration (ex. mg/ml) on medication label
		Verify Right Indication for administering this medication
		Any Contraindications? (discuss VS, allergies, expiration date, PMH, etc.)
		Verify Right Route (state IV/IM/IO/IN, PO, SL, auto-injector, atomizer, aerosol, etc.)
		Verify Right Dose and Volume

If the answer to **ANY** REQUIRED VERIFICATION ITEMS is **outside the shaded boxes, STOP**. All discrepancies or disagreements MUST be resolved prior to continuation of the process.

Remember:

- NEVER administer the contents of a syringe that is not labeled OR without visualizing the vial from which it was immediately drawn
- Only draw up in a syringe the actual amount of medication intended to be given at that time.