TOOLKIT 25 · POLICY STARTER PACK · POLICY 7 OF 8

Medicines Management Policy

From prescription to administration to disposal — the rules that prevent the commonest harm in healthcare

Facility	
Policy owner (role) · approved by · date · review date	

Prescribing

By authorised prescribers only; generic names; dose, route, frequency, duration and indication written; no abbreviations from the do-not-use list (U, IU, trailing zeros, µg); allergies checked and recorded on every chart.

Verbal orders

Emergencies only; read back and countersigned within 24 h (Toolkit 5); never for chemotherapy or high-alert medicines.

Storage

Locked, temperature-monitored (fridge log), separated look-alike/sound-alike products (Toolkit 4 list); concentrated electrolytes only in pharmacy and ICU; controlled drugs double-locked with a register.

Administration

Two identifiers before every dose; independent double check for high-alert medicines; single-use needles and syringes; documented immediately; omitted doses recorded with the reason.

Reconciliation

At admission, transfer and discharge (Toolkit 4 form); discharge medicines explained with teach-back and a written list.

Errors

Reported on the medication error form (Toolkit 4), reviewed weekly by the medication-safety lead, learning shared; no discipline for good-faith reports.

Antimicrobials

AWaRe formulary; 48–72 h review; restricted list; surgical prophylaxis rule (Toolkit 11).

Disposal

Expired and unused medicines returned to pharmacy; pharmaceutical waste in the brown stream (Toolkit 10); controlled drugs destroyed with a witness and recorded.

Approved by (name, role)	Signature	Date

Template from the ASF Policy Starter Pack. Adapt to national law; keep the ASF block; note what you changed.

ASF standards: Standard 4 — medication safety; Priority Practices