SOP · WRD-SOP-002 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 58.2

At a glance

- Medicines are checked against the chart before each dose, with a second check for each high-alert medicine (HOS-SOP-006).
- Each omitted or refused dose is recorded with the reason (WRD-REG-001).
- Medicines are reconciled at admission, transfer and discharge (HOS-SOP-007).
- Stop and get help straight away if: a high-alert medicine is given without the second check, or a dose is omitted without a recorded reason.

1. Purpose

To make sure medicines reach the right patient, in the right dose, and any omission is explained (58.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

Term	Meaning
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background

To make sure medicines reach the right patient, in the right dose, and any omission is explained (58.2).

5. Responsibilities

Role	Responsibility	Competence
Ward nurse	Checks the chart and records each dose or omission	Ward lead nurse
Ward doctor	Reconciles medicines at admission, transfer and discharge	Clinical lead

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Step 1. Check.

- Check the chart before each dose, and the second check for each high-alert medicine.

Key point: Checked.

Step 2. Give or omit.

- Give the dose, or record the omission or refusal with the reason (WRD-REG-001).

Key point: Given.

Step 3. Reconcile.

- Reconcile medicines at admission, transfer and discharge (HOS-FRM-006).

Key point: Reconciled.

10. Decision points

- No decision points in this procedure.

11. Special situations

Situation	Action
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

12. Escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

13. Monitoring

Measure	Target	Frequency	Owner	If not met
High-alert doses with a second check recorded	100%	Monthly	Ward lead nurse	Review the dose with the prescriber
Omitted or refused doses with a reason	100%	Monthly	Ward lead nurse	Review the chart

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

16. Related documents

ID	Title	Use
WRD-REG-001	Medicine administration and omission register	Register
HOS-SOP-006	High-alert medicines (existing, reused)	SOP

17. Evidence

Reference	Note
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- **Medication Safety: Operating SOP-MED-01 End to End** (T-08)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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