



Medication Safety Cross-Check



“Med Check”



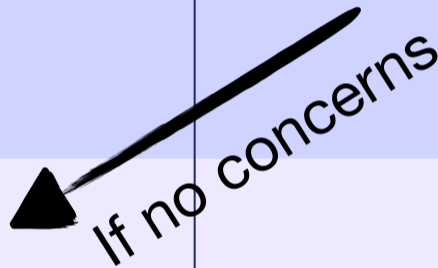
“Ready”

“Going to Give” ...

Drug Name
Reason



“Concern for allergy or side effects?”



“Going to Give” ...

Dose
Route
Rate



Quantity?

Drug concentration & volume or # tablets to be administered



“Go ahead”

[visual inspection of vial by second provider (preferred if safe to do so) or primary provider]

