

Medicines Omission Tool

Ward:

Date:

Please complete during medicines administration rounds and reconcile any medicines omitted at the end of the round by discussing with medical staff/appropriate prescriber and agreeing appropriate actions.

To be completed by nursing staff administering medications					To be completed by prescriber	
Date/Time	Patient's Name	CHI	Medicine Omitted	Reason for Omission	Outcome* (i.e. withhold/continue/stop)	Prescriber Signature

*The outcome and plan should be clearly communicated to nursing staff and documented on the drug administration chart.