

Log for Module 2 (PODs)

Candidate name: _____

Date log commenced: _____

Item No.	Patient initials	Medicine name and strength	Form	Assessed as suitable (S) or Unsuitable (U). Enter code for reason why	Details of action taken (repackage, re-label, destroy, new supply)	Intervention or referral (I / R)	Checker's initials	Error found (insert code)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Prescription Errors:

- P1. Medicine name
- P2. Medicines strength
- P3. Medicines form
- P4. Dose frequency
- P5. Medicines not prescribed

Label Errors:

- L1. Medicine name
- L2. Medicines strength
- L3. Medicine form
- L4. Directions
- L5. Additional warnings
- L6. Patient's name
- L7. Missing label

Content Errors:

- C1. Identity of medicines
- C2. Medicine strength
- C3. Medicine form
- C4. Excess quantity
- C5. Expired contents
- C6. Mixed tablets/brand
- C7. Insufficient quantity

Quality Issues:

- Q1. Inappropriate container/closure
- Q2. Medicine stored inappropriately
- Q3. Damage/deteriorated medicine
- Q4. Unclean

This sheet is page _____ of _____

Running total: _____

Educational supervisor initials: _____