Bedside Medication Delivery Checklist

Patie	ent Name
Rooi	m Number
Date/Time	
Medication(s)	
Before Delivery	
	Verify patient identification
	Confirm medication name and dose
	Check allergy status
	Review administration instructions
During Delivery	
	Perform hand hygiene
	Confirm patient alertness and readiness
	Administer medication as ordered
After Delivery	
	Document medication delivery
	Monitor patient for reactions
	Ensure completion of follow-up instructions
Notes	