FORM APPROVED
OMB NO. 0938-0400

DRUG PASS WORKSHEET

PROVIDER NUMBER	SURVEY DATE	ERROR RATE

INSTRUCTIONS

1. *Perform Drug Pass Observations on 20 Residents.*
2. *Record Observation of each Opportunity.*
3. *Compare Observation Notes with Physician Orders.*
4. *Calculate and Note Error Rate.*
5. *Note Deficiencies on Survey Report Form.*

DEFICIENCY FORMULA

1. *One or more Significant Errors = Deficiency*
2. $\frac{\text{Significant + Non-significant}}{\text{Doses Given + Doses Ordered But Not Given}} \times 100 \geq 5\% = \text{Deficiency}$

IDENTIFIER	POUR	PASS	RECORD
RESIDENT'S FULL NAME, ROOM NUMBER, TIME	DRUG PRESCRIPTION NAME, DOSE AND FORM	OBSERVATION OF ADMINISTRATION	DRUG ORDER WRITTEN AS: *(IF DIFFERS FROM ADMINIS ONLY)*