

**DOSE-CHECK MONITORING FEEDBACK FORM FROM QI (g07\_2.doc)**

**NOTE:** For good documentation and history, please keep entire packet, with all attachment together.

**NOTE:** *This packet may contain patient confidential information!*

- Drug File Supervisor                      Date: \_\_\_\_\_
- Drug Information                              Date: \_\_\_\_\_
- Pediatric dose check                      Date: \_\_\_\_\_
- Dose check template attached

<b>Drug:</b>	<b>Dosage form:</b> IV    PO
<b>Population:</b> Peds              Adult              Geri	
<b>Finding:</b>	
<b>QUESTION from QI:</b>	
<b>RESPONSE:</b>	
<input type="checkbox"/> <b>Change the dose check template in MSMEDS .</b> <i>(**Attach a NEW dose check template sheet. Return the OLD sheet with the packet for documentation of old and new doses )</i>	<u><b>REASON for the change:</b></u>
<input type="checkbox"/> <b>The dose check template should NOT be changed.</b>	<u><b>Reason it should NOT be changed:</b></u>
<b>Returned to Coordinator, Pharmacy Systems on (date):</b> _____	

