

County of San Diego DMC-ODS  
QA Medication Monitoring Tool

*Confidential Information – Quality Improvement material for risk management purpose only*

IDENTIFYING INFORMATION

Patient Name: Client ID#:  
Review Date: Period of Review From: To:  
Type of Chart: ☐ NTP ☐ MAT ☐ WM (all levels of care)  
Name of Patient’s Physician:

REVIEW QUESTIONS

| As indicated by this documentation:   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Has the physician made substance use a diagnosis on the treatment plan/problem list?<br>Comments:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the physician documented symptoms that support the included SUD diagnosis on all intake/follow-up?<br>Comments:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the treatment provided by the SUD certified physician within the clinical guidelines for MAT services?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are the dosage levels within the general standards of practice?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does documentation indicate compliance (or lack of) with medication regimen?<br>Comments:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the presence or absence of medication side-effects documented?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the physician document safety and effectiveness of medications?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the physician identify clinical issues affecting client?<br>Comments:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are reasons for changes in medication or dosages documented?<br>Comments:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were Laboratory panels ordered and reviewed?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does documentation indicate response to medications?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are medication consent forms complete, appropriate, and up to date? (i.e. for clients under 18: Parental consent completed)<br>Comments:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did the physician document physical health issues?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Was test performed for Oxycodone and Fentanyl?<br>Comments:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. For clients prescribed controlled substances, there is documentation that the CURES database is reviewed upon initial prescription and at least once every 6 months thereafter if the substance remains part of their treatment.<br>Comments: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL COMMENTS:

Reviewing Physician  
printed name and credential: \_\_\_\_\_ Date: \_\_\_\_\_  
  
Reviewing Physician  
signature and credential: \_\_\_\_\_ Date: \_\_\_\_\_