



Patient Safety Through Innovation

RECORD OF MEDICATION DESTRUCTION

- Control Drug Destruction (C2-5)
- Non-Control Drug Destruction

Facility Name: _____
 Facility Address: _____

The following residents' medications were destroyed on _____ (date)
 By Flushing Drug Destruction Contract _____ (other)

Resident Name or Prescription Label	Rx#	Drug & Strength	Quantity	Pharmacy Code	Destruction Code

- Reasons for Destruction:**
1. Medication Discontinued
 2. Medication Expired
 3. Resident Discharged
 4. Resident Expired
 5. Other (please specify)

1. *Rx Advantage Pharmacy*

2. Other : _____

Destroyed by: _____ Consultant Pharmacist

First Witness: _____ Charge Nurse

Second Witness: _____ Staff Nurse