



QUALITY ASSURANCE PROGRAM: PRESCRIBING CONTROLLED SUBSTANCES LOG

Midwife's Name: _____

Registration Number: _____

Log 1: Inpatient orders

No.	Client Initials	Date prescribed	Medication(s)	Dose	Route	Indication
1						
	Reviewed with (name and title): Adverse reaction?					
2						
	Reviewed with (name and title): Adverse reaction?					
3						
	Reviewed with (name and title): Adverse reaction?					

Log 2: Outpatient prescriptions

No.	Client Initials	Date prescribed	Medication(s)	Dose	Route	Indication
1						
	Reviewed with (name and title): Adverse reaction?					
2						
	Reviewed with (name and title): Adverse reaction?					
3						
	Reviewed with (name and title): Adverse reaction?					

Note: Controlled Substances Logs must be submitted to CMBC upon completion, and/or for inspection upon request, and may be cross-referenced with PharmaNet reports.