

Oral Compounding QA Worksheet

Date: ____/____/____

Bulk Total _____

Please complete this worksheet when preparing all inpatient and outpatient compounds. Be sure to indicate all ingredients used, as well as amounts used in preparation. Also, indicate the number of tablets and/or capsules used in each preparation.

AMOUNT Used: _____ (Circle: mls, caps, tabs, or gms of powder) Verified by RPh: _____					Lot#	Exp:
PPD By:	Drug:	Strength:	Final Conc.	mg/ml		
<i>Place label example here.</i>		Other ingredients:		Volume		
				ml		
				ml		
RPh Sign Name:					ml	
RPh. Show Calculations:					ml	
					ml	

AMOUNT Used: _____ (Circle: mls, caps, tabs, or gms of powder) Verified by RPh: _____					Lot#	Exp:
PPD By:	Drug:	Strength:	Final Conc.	mg/ml		
<i>Place label example here.</i>		Other ingredients:		Volume		
				ml		
				ml		
RPh Sign Name:					ml	
RPh. Show Calculations:					ml	
					ml	

AMOUNT Used: _____ (Circle: mls, caps, tabs, or gms of powder) Verified by RPh: _____					Lot#	Exp:
PPD By:	Drug:	Strength:	Final Conc.	mg/ml		
<i>Place label example here.</i>		Other ingredients:		Volume		
				ml		
				ml		
RPh Sign Name:					ml	
RPh. Show Calculations:					ml	
					ml	

AMOUNT Used: _____ (Circle: mls, caps, tabs, or gms of powder) Verified by RPh: _____					Lot#	Exp:
PPD By:	Drug:	Strength:	Final Conc.	mg/ml		
<i>Place label example here.</i>		Other ingredients:		Volume		
				ml		
				ml		
RPh Sign Name:					ml	
RPh. Show Calculations:					ml	
					ml	

The information included in this document is prepared and maintained for Hospital Quality Assurance pursuant to Section 22-21-8 of the Code of Alabama, 1975