## **Notice of Changes in Medication Stocking Protocols**

Date: [Insert Date]

To: [Staff/Team Name]

From: [Your Name/Title]

Dear [Recipient's Name],

We would like to inform you of upcoming changes to our medication stocking protocols. These changes will be effective starting [Insert Effective Date] and are intended to enhance our efficiency and ensure the safety of our patients.

## **New Protocols Summary:**

- All medications must be checked and restocked at the beginning of each shift.
- Temperature-sensitive medications must be monitored every two hours.
- A designated staff member will be responsible for the weekly inventory checks.
- Mandatory training sessions on the new protocols will be conducted on [Insert Training Date].

Please ensure that you familiarize yourself with these changes and attend the upcoming training session. If you have any questions or concerns, feel free to reach out to [Contact Person/Department].

Thank you for your attention to this matter and for your continued commitment to patient care.

Sincerely,

[Your Name]
[Your Title]
[Your Contact Information]