

# Medication Administration Protocol Reminder

Date: [Insert Date]

To: [Practitioner's Name]

Dear [Practitioner's Name],

This is a friendly reminder regarding the medication administration protocol that all medical practitioners are required to follow to ensure patient safety and effective treatment. Please review the key points outlined below:

- Verify patient identity before administration.
- Confirm medication orders and dosages.
- Ensure proper timing and route of administration.
- Document all administrations in the medical record promptly.
- Report any adverse reactions or concerns to the supervising physician.

Thank you for your attention to this important matter and your continued commitment to providing safe and effective care to our patients.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]