

# Medication Administration Protocol Reminder

Date: [Insert Date]

To: All Pharmacy Department Staff

From: [Your Name/Your Department]

Subject: Reminder of Medication Administration Protocol

Dear Team,

This is a friendly reminder regarding the medication administration protocol that all pharmacy department staff are required to adhere to. Proper adherence to these protocols ensures patient safety and optimal therapeutic outcomes.

## Key Protocols to Remember:

- Verify medication orders prior to dispensing.
- Perform checks for allergies and contraindications.
- Label all medications clearly and accurately.
- Educate patients on their medications, including usage and potential side effects.
- Document all medication administration accurately in the patient's record.

Please review the attached protocol document and ensure compliance in your daily practices. If you have any questions or need further clarification, do not hesitate to reach out.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]