**Internkontroll temperatur og holdbarhet medisinrom, medisintraller og akuttskrin/tralle**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ helsehus/sykehjem, avdeling \_\_\_\_\_\_\_\_\_\_\_\_\_\_ år: 20\_\_\_\_

Signer for utført oppgave med dato og initialer. Eventuelle avvik meldes straks i EQS, evt. annet kvalitetssystem

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  | Jan. | | | | | | | **Feb.** | | | | **Mars** | | | | **April** | | | | **Mai** | | | | **Juni** | | | | **Juli** | | | | **Aug.** | | | | | **Sept.** | | | | **Okt.** | | | | **Nov.** | | | | **Des.** | | | | | | |
| **Ukentlig:** Rom-  temperatur medisinrom (15‑25°C)**.** | Temp |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |
| Dato/  Sign |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |
| **Månedlig:** Kontroll av holdbarhet medisinrom | Hold-  barhet |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |
| Dato/  Sign |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |
| **Ukentlig:** Kontroll av medisintraller (15‑25°C)**.** | Temp |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |
| Hold-  barhet |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |
| Dato/  Sign. |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  |
| **Ukentlig:** Kontroll av temperatur akuttskrin/tralle  **Månedlig:** Kontroll av innhold og holdbarhet akuttskrin/tralle | Temp |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| Dato/ Sign |  | |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |
| Innhold |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |
| Hold-  barhet |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |
| Dato/  Sign |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |
| **Månedlig:**  Kontroll A-preparater ved føring av oppgjørsskjema | Dato/  Sign |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |
| **Månedlig:**  Kontroll B-preparater ved føring av oppgjørsskjema | Dato/  Sign |  | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | | | | |