

Stock Expiry Date Checklist

Care Home..... Floor/Unit..... Year.....

| Section | Jan | Feb | Mar | April | May | June | July | Aug | Sep | Oct | Nov | Dec |
|-------------------------|-----|-----|-----|-------|-----|------|------|-----|-----|-----|-----|-----|
| Dressings | | | | | | | | | | | | |
| Topical Preparations | | | | | | | | | | | | |
| Tablets / Capsules | | | | | | | | | | | | |
| Liquids | | | | | | | | | | | | |
| Fridge Items | | | | | | | | | | | | |
| Trolley Items | | | | | | | | | | | | |
| CD Cupboard | | | | | | | | | | | | |
| Homely Remedies | | | | | | | | | | | | |
| Nutritional Supplements | | | | | | | | | | | | |

Place this form in the medication room and ensure to check stock every month

Discard all out of date or discontinued medication to reduce the risk of administration errors