

**DIHS Performance Improvement
Drug Utilization
Worksheet**

Medical Record Number: _____

Provider Code: _____

Date of Service: _____

Criteria	AGREE	DISAGREE	THRESHOLD
1. Documentation of drug allergy			100%
2. Documentation of no contraindications exist			100%
3. Documentation of diagnosis			100%
4. Previous use of acetaminophen			95%
5.			
6.			
7.			

Comments: _____
