



*Akna Daly.*

### Medication Administration Demonstration/Observation Training Form

Competency	Task
<input checked="" type="checkbox"/>	Wash Hands
<input checked="" type="checkbox"/>	Check Medication Administration Record to Medications to be Given
<input checked="" type="checkbox"/>	Gather all supplies necessary for administration
<input checked="" type="checkbox"/>	Check person served Allergies
<input type="checkbox"/>	Name two sources for checking the purpose, side effects and warnings of medication
<input checked="" type="checkbox"/>	Take out medication from the supply and check against the MAR for accuracy
<input checked="" type="checkbox"/>	Right Medication <input checked="" type="checkbox"/> Right Dosage <input checked="" type="checkbox"/> Right Person <input checked="" type="checkbox"/> Right Date <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Right Time <input checked="" type="checkbox"/> Right Route <input checked="" type="checkbox"/> Right Documentation <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Checked expiration date on medication label
<input checked="" type="checkbox"/>	Compare medication label to MAR for the second time
<input checked="" type="checkbox"/>	Set up medication for administration (prepare medication cup, cup of water, etc.)
<input checked="" type="checkbox"/>	Check the medication label against the MAR for the third time
<input checked="" type="checkbox"/>	Return the remaining medication to the locked area (make sure it is locked back up)
<input checked="" type="checkbox"/>	Identify Individual before administration of medication (Right Person) by verifying name
<input checked="" type="checkbox"/>	Explain medication administration procedure to individual and answer any questions they may have
<input checked="" type="checkbox"/>	Administer medication according to correct procedure
<input checked="" type="checkbox"/>	Disposed of used supplies properly
<input checked="" type="checkbox"/>	Documented medication administration correctly per BrightPath policy and procedure

Date: 12/20/24

Staff Signature: *[Signature]*

Supervisor Signature: *[Signature]*

Confirm Medication Administration class completion:

*Completed*



### PRN Administration

Competency	Task
<input checked="" type="checkbox"/>	Wash Hands
<input checked="" type="checkbox"/>	Check Medication Administration Record to Medications to be Given
<input checked="" type="checkbox"/>	Gather all supplies necessary for administration
<input checked="" type="checkbox"/>	Check person served Allergies
<input type="checkbox"/>	Take out medication from the supply and check against the MAR for accuracy
<input checked="" type="checkbox"/>	Checked expiration date on medication label
<input checked="" type="checkbox"/>	Compare medication label to MAR for the second time
<input checked="" type="checkbox"/>	Compare medication label to MAR for the third time
<input checked="" type="checkbox"/>	Documented medication administration correctly per BrightPath policy and procedure
<input checked="" type="checkbox"/>	Wait 30 minutes and enter a follow up for medication results.

### NARC Counts

Competency	Task
<input checked="" type="checkbox"/>	Connect with the incoming staff.
<input checked="" type="checkbox"/>	With that staff unlock the med cabinet and remove medication
<input checked="" type="checkbox"/>	If med cabinet or NARC box is open please notify DC.
<input checked="" type="checkbox"/>	Count NARCs together
<input checked="" type="checkbox"/>	Document on the MAR in REAL TIME.

Date: 12/20/24

staff Signature: 

Supervisor Signature: 

Confirm Medication Administration class completion:

*Completed*