PRN Administration

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

NARC Counts

Competency	Task
☑	Connect with the incoming staff.
☑	With that staff unlock the med cabinet and remove medication
☑	If med cabinet or NARC box is open please notify DC.
☑	Count NARCs together
☑	Document on the MAR in REAL TIME.

Date: 12.23.24

Staff Signature: [signature]

Supervisor Signature: [signature]

Confirm Medication Administration class completion:

Fenen Hagos

Medication Administration Demonstration/Observation Training Form

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

Date: 12.23.24

Staff Signature: [signature]

Supervisor Signature: [signature]

Confirm Medication Administration class completion: