

## JD Home Healthcare

### Medication Administration Observed Skill Assessment

\_\_\_\_\_ Saurav Adhikari \_\_\_\_\_  
(Name of JD Home Healthcare staff member)

\_\_\_\_\_ Novemeber 2020 \_\_\_\_\_  
(Month/Year)

*All persons employed by JD Home Healthcare that are required to administer medication, must first demonstrate competency through an observed skill assessment. The skill assessment must be reviewed and observed on an annual basis.*

The skills listed below were for reviewed and assessed:

Skill	Pass	Fail	N/A
Administer Oral Medication	X		
Administer Eye Drops	X		
Administer Ear Drops	X		
Administer Rectal Suppositories	X		
Administer Vaginal Suppositories	X		
Administer Topical Medications	X		
Administer Buccal/Sublingual Medications	X		
Administer Inhaler/Nebulizer	X		
Administer Nasal Spray	X		
Administer EpiPen	X		
Tube Feeding (Via G/J Tube)			X
Administer Medications via G/J Tube			X
Seizure Plan of Care/Protocol	X		
Blood Glucometer Check			X
Insulin			X
Good Handwashing Procedure	X		

Other:			
Other:			
Other:			

1. Staff can explain the purpose/action of medications being used with the individual assigned?  
PASS / FAIL
2. Staff can identify common side effects of medications being used by individuals assigned?  
PASS / FAIL
3. Staff are able to identify where in the individuals chart to document, and what information is important to document?  
PASS / FAIL
4. Staff can identify the correct medication storage procedure?  
PASS / FAIL
5. Staff can explain how to properly fill out a medication error form?  
PASS / FAIL

Staff are required to pass all of the above applicable criteria in order to pass medication to individuals receiving services from JD Home Healthcare. If a staff member were to fail any of the above portions of this competency assessment, they are to re-test until they are able to pass, proving competency.

Overall: PASS    
 FAIL  Retest Date: \_\_\_\_\_

Name of Trained staff observing skill assessment: Brittany Kruchten  
 Signature: [Signature] Date: 11/04/2020

**Medication Administration Agreement**

I have successfully completed medication administration training and demonstrated competency. I agree to administer medications with care and diligence, and monitor for side effects. By signing this agreement, I understand and accept the serious responsibility for passing medication to individuals assigned to my caseload.

Staff Name: Saurav Adhikari  
 Staff Signature: [Signature]  
 Date: 11/04/2020