TOPICAL MEDICATION OBSERVATION CHECKLIST

SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

___ Review location and content of Physician Orders and Standing Order lists
___ Explanation of pharmacy system
___ Location of facility drug reference
___ Medication storage issues
___ Medications administration records used in the facility
___ Documentation including prescribed and PRN
___ Medication error forms and procedure

The following steps have been evaluated:
___ 1. Medication knowledgeable (indications for use, side effects, allergies, expiration date)
___ 2. Compare medication card with the physicians order on the medication sheet x3
___ 3. *Identifies individual*
___ 4. *Explained the procedure and provided privacy*
___ 5. Wash hands and use aseptic technique throughout procedure
___ 6. *Put on gloves*
___ 7. Administer the medication according to prescribed directions
___ 8. *Removed gloves, washed hands, discarded gloves and waste according to policy*
___ 9. Document the medication administered, if a PRN include results

COMMENTS: __Ma09_____

_____

_____

Med trainee-print _Natalie Johnson_____ Date: _11-4-19_
Med trainee-sign _Natalie Johnson_____ Date: _11-4-19_
PASS: _ym_ Needs Re-Training: _____
Nurses Signature/Date _Miwyda Day_____ Date _11/14/19_

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GASTROSTOMY FEEDING CHECKLIST

SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

mm Review location and content of Physician Orders and Standing Order lists

_____ Explanation of pharmacy system

_____ Location of facility drug reference

_____ Medication storage issues

_____ Medications administration records used in the facility

_____ Documentation including prescribed and PRN

_____ Medication error forms and procedure

The following steps have been evaluated:

mm Bolus _____ Gravity Bag _____ Pump

_____ 1. Medication knowledgeable/type and location of meal supplement (indications, side effects, checks for allergies)

_____ 2. Washes hands

_____ 3. Assembles necessary equipment, provide private setting

_____ 4. Compares medication label to MAR x3

_____ 5. Checks expiration date

_____ 6. Prepares feeding using clean technique

_____ 7. Purges air from syringe or tubing

_____ 8. Put on gloves

_____ 9. Clean connections/ports with alcohol wipe

_____ 10. Secure connections/adjust flow rate per M.D. order

_____ 11. Administer H20 Flush after feeding per M.D. order

_____ 12. Clean connections/ports with alcohol wipes

_____ 13. Disconnect syringe/tubing/secure G/J tube

_____ 14. Clean/store equipment per protocol

_____ 15. Remove gloves/discard/wash hands

_____ 16. Document feeding/H20 flush on MAR

COMMENTS: _Ma 2u_____

Med trainee–print __Natalie Johnson_____ Date: _11-4-19_

Med trainee–sign: __Natalie Johnson_____ Date: _11-4-19_

PASS: _mm_ Needs Re-Training: _____ Nurses Signature/Date: _Menuda Deng 11/4/19_

entered
11-27-19

GASTROSTOMY MEDICATION OBSERVATION CHECKLIST
SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the (Trained Medication Passer) TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

____ Review location and content of Physician Orders and Standing Order lists
____ Explanation of pharmacy system
____ Location of facility drug reference
____ Medication storage issues
____ Medications administration records used in the facility
____ Documentation including prescribed and PRN
____ Medication error forms and procedure

The following steps have been evaluated:
____ 1. Medication knowledgeable (indications, side effects, check for allergies, expiration date)
____ 2. Wash hands, put on gloves
____ 3. Assemble necessary equipment
____ 4. Compare medication label to MAR x3
____ 5. *Identifies individual*
____ 6. Prepares the medication using aseptic technique
____ 7. Secures medication supply and equipment on a <u>clean</u> surface
____ 8. Visually check for proper placement of feeding tube (Mic-key should be flush to skin & not hanging outside the stomach). If feeding tube is not properly placed call the nurse.
____ 9. Attached extension tube (filled with lukewarm water) if client has a Mic-key.
____ 10. Check residual if MD ordered. Follow MD ordered protocol.
____ 11. Flush with 10mls water, or per MD orders to insure proper tube placement. If flush does not go through, call nurse to problem solve plugged tube.
____ 12. Administers medication using aseptic technique
____ 13. Flush with 30mls of water or what MD ordered
____ 14. *Removed gloves, washed hands, discarded gloves accordingly*
____ 15. Document medication given in the MAR
____ 16. Return to observe and document effects of PRN medications

COMMENTS: Md03

Med trainee-print Natalie Johnson _____ Date: 11-4-19
Med print-sign Natalie Johnson _____ Date: 11-4-19
PASS: mD Needs Re-training:____ Nurses Signature/Date Mungela Deng 11/4/19
S:\Nurse\Medication Administration Packet

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11-27-19

ORAL MEDICATION OBSERVATION CHECKLIST
SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

___ Review location and content of Physician Orders and Standing Order lists
___ Explanation of pharmacy system
___ Location of facility drug reference
___ Medication storage issues
___ Medications administration records used in the facility
___ Documentation including prescribed and PRN
___ Medication error forms and procedure

The following steps have been evaluated:
___ 1. Medication knowledgeable (indications, side effects, checks for allergies)
___ 2. Washes hands
___ 3. Assembles necessary equipment
___ 4. Compares medication label to MAR x3
___ 5. Checks expiration date
___ 6. Prepares the dose using aseptic technique
___ 7. Secures medication supply
___ 8. Identifies consumer
___ 9. Administers medication using aseptic technique
___ 10. Ensures medication is swallowed
___ 11. Washes hands
___ 12. Documents medication given in the MAR
___ 13. Returns to observe and documents effects of PRN medications

COMMENTS: M2 05 _____

_____

Med trainee-print _Natalie Johnson_____ Date _11-4-19_
Med trainee-sign _Natalie Johnson_____ Date: _11-4-19_
PASS: _✓_ Needs Re-Training:____
Nurses Signature/Date: _Mangda Dong, 11/4/19_____ Date_____

EYE DROPS/OINTMENT OBSERVATION CHECKLIST
SITE ORIENTATION

entered 11-27-19

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the (Trained Medication Passer) TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

MW Review location and content of Physician Orders and Standing Order lists .
_____ Explanation of pharmacy system .
_____ Location of facility drug reference
_____ Medication storage issues
_____ Medications administration records used in the facility
_____ Documentation including prescribed and PRN
_____ Medication error forms and procedure

The following steps have been evaluated:
_____ 1. Medication knowledgeable (indications, side effects, expiration date, allergies)
_____ 2. Assemble equipment necessary for administration of eye drops
_____ 3. Check that the label on the medication container corresponds with the medication listed on the med card three times.
_____ 4. *Identifies the individual*
_____ 5. *Wash hands. Put on gloves*
_____ 6. Have client sit or lie down
_____ 7. Observe affected eyes for any unusual condition which should be reported to the nurse
_____ 8. *Cleaned eye with a gauze/tissue.*
_____ 9. Position with head back and looking upward
_____ 10. Separate lids of the affected eye, approach eye from below and outside the clients field of vision. Avoid contact with the eye/eye lid.
_____ 11. Apply drops/ointment gently near center of lower lid (not allowing drops to fall more than one inch before striking eye) with prescribed amount.
_____ 12. Close eyes gently. Ask client to keep eyes closed for a few minutes.
_____ 13. Dab excess medication with a clean wipe using a separate clean wipe for each eye, if drug is administered to both eyes.
_____ 14. Position comfortably
_____ 15. Wash hands
_____ 16. Document the medication administered
_____ 17. *Removed gloves, washed hands, disposed of gloves and waste according to policy*
_____ 18. Return to observe eyes, if ointment or drops applied for specific results. Observe and document the results

COMMENTS: M2 O2

Med trainee-print Natalie Johnson   Date: 11-4-19
Med trainee-sign Natalie Johnson   Date: 11-4-19

PASS: MW Needs Re-training:_____ Nurses Signature/Date Mary Dudley 11/4/19
S:\Nurse\Medication Administration Packet

EAR MEDICATION OBSERVATION CHECKLIST
SITE ORIENTATION

X = successfully completed demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

Upon completion of the (Trained Medication Passer) TMP program, the facility nurse is to determine staff readiness to administer medications. At a minimum, the following should be covered with the TMP:

_Review location and content of Physician Orders and Standing Order lists
___Explanation of pharmacy system
___Location of facility drug reference
___Medication storage issues
___Medications administration records used in the facility
___Documentation including prescribed and PRN
___Medication error forms and procedure

The following steps have been evaluated:
___1. Medication knowledgeable (indications, side effects, expiration date, allergies)
___2. Compare medication sheet with the medication label x3
___3. Wash hands
___4. _Identifies the individual_
___5. _Puts on gloves_
___6. Assemble equipment necessary for administration of ear drops
___7. Position
      a. If lying, put flat and turn head to opposite side
      b. If sitting in chair, tilt head sideways until ear is as horizontal as possible
___8. Clean entry to ear canal with a clean wipe
___9. Observe affected ear for any unusual condition prior to ear drop administration which should be reported to the licensed nurse.
___10. Do not contaminate the dropper by touching any part of the ear canal to the ear.
___11. Administer the ear drops by pulling the ear gently backward and upward
___12. Administer the number of drops prescribed into the ear canal
___13. Client to maintain the required position for two or three minutes.
___14 If drops ordered for both ears wait at least five minutes before putting drops in second ear, repeat same procedure.
___15. _Removed gloves, washes hands, disposes of gloves and waste according to policy_
___16. Document the ear drops administered
___17. Return to observe client if ear drops instilled for specific results. Observe and chart the results.

COMMENTS: ___Md 10___

Med trainee-print _Natalie Johnson_ Date: _11-4-19_
Med trainee: _Natalie Johnson_ Date: _11-4-19_
PASS: __ Needs re-training:___ Nurses signature/Date _Amanda Deng_ _11/4-19_
S:\Nurse\Medication Administration Packet

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9·19·19   EPIPEN ADMINISTRATION OBSERVATION CHECKLIST

STAFF: Natalie Johnson   PAI NURSING STAFF: _____

X = Correctly completed step (Demonstrated or completely described required actions)
O = Incorrectly completed (Committed errors in the demonstration or incorrectly described required actions)

When any treatment is prescribed by a physician, the following general protocol will be reviewed with the staff as a part of the administration training:

___ Review the location of physician's orders and/or standing orders list.
___ Provide an explanation of why the treatment being trained on would be needed.
___ Give information about the location of the PAI site's drug reference book and/or web-based resources.
___ Provide a review of the storage of the medication, supplies, etc. needed for the treatment being trained.
___ Review the location of the Medications Administration Record (MAR) forms.
___ Review the documentation practices for both routinely administered and PRN medications.
___ Review the steps to take to identify and report a medication error.

The following training steps have been demonstrated and/or reviewed and competency achieved:
___ * CALL 911 – THE USE OF AN EPIPEN WILL REQUIRE EMERGENCY MEDICAL SERVICES (EMS) EVALUATION.
___ 1. Assess the individual for signs and symptoms of a severe allergic reaction.
___ 2. If the cause of the allergic reaction is an insect bite, remove the stinger if possible.
___ 3. Remove the blue protective cap on the Epipen.
___ 4. Firmly hold the individual's thigh.
___ 5. Place the orange tip of the Epipen on the lateral thigh.
___ 6. Press the Epipen into the thigh until auto-injector discharges (you will feel the click as the needle ejects).
___ 7. Hold the Epipen in place for 10-15 seconds.
___ 8. Remove the injector and give to the EMS for disposal.
___ 9. Massage the injection site for 10 seconds with gloved hands.
___ 10. Stay with the individual, assessing respiration rates and pulse. Initiate CPR if needed.

PASSED: ____   FAILED: _____   RETRAINING DATE: _____

COMMENTS: May _____

_____

_____

Staff Signature Natalie Johnson   Date: 9/18/19
PAI Nursing Staff Signature: Mingda Peng   Date: 9/18/19

VNS OBSERVATION CHECKLIST

SITE ORIENTATION

X = successfully completed, demonstrated or verbalized	O = unsuccessfully completed not observed or verbalized

When a treatment is prescribed by a physician the following will be covered:
- _MD_ Review location and content of Physician Orders and Standing Order lists.
- ___ Explanation of treatment needed
- ___ Location of f facility drug reference
- ___ Treatment storage issues
- ___ Medications administration records used in the facility
- ___ Documentation including prescribed and PRN
- ___ Medication error forms and procedure

The following steps have been evaluated:
- ___ 1. Knowledgeable of Seizure protocol, use VNS.
- ___ 2. Locates implanted VNS & magnet
- ___ 3. Swipes VNS with magnet to count of three
- ___ 4. Repeat per protocol
- ___ 5. Documents on MAR, including results.

COMMENTS: _M238_

Med trainee-print _Natalie Johnson_ Date _9/18/19_
Med trainee-sign _Natalie Johnson_ Date: _9/18/19_

PASS: _MD_ Needs retraining: ___ Nurses Signature/Date: _Mengda Dory RN 7/18/19_

S:\Nurse\Medication Administration Packet

entered
9·19·19

PULSE OXIMETER USAGE

STAFF TRAINING CHECKLIST

X = Successfully completed step	O = Unsuccessfully completed step
(Demonstrated skill/Verbalized correct information)	(Did not demonstrate skill/Verbalized incorrect information)

PAI Nurse will provide staff with an overview of the individual's oximeter device and the specific information about the signs and symptoms of their need to do so. To demonstrate competency, the staff will complete all steps or verbally indicate what they would do.

_NW_ Turn on the oximeter.

_____ Place the sensor clip on any finger or toe.

_____ If you do not get a reading, warm the finger or toe by rubbing it as the oximeter will not produce a reading if the finger or toe is cold.

_____ The oximeter will indicate the individual's oxygen level in their blood (displayed as a percentage of oxygen saturation) and their pulse rate. The normal range for oxygen saturation is 95% - 100%.

Passed: _NW_   Needs Re-Training:_____   Date for Re-Training:_____

COMMENTS: _MD 51_____

Staff Name (Print) _Natalie Johnson_   Date: _9-18-19_

Staff Signature _Natalie John_   Date: _9-18-19_

Nurse Signature _Mingda Peng RN_   Date: _9/18/19_

entered

9·19·19

SEIZURE FIRST AID

STAFF TRAINING CHECKLIST

X = Successfully completed step	O = Unsuccessfully completed step
(Demonstrated skill/Verbalized correct information)	(Did not demonstrate skill/Verbalized incorrect information)

PAI Nurse will provide the staff member with handout (Seizure – General Information and Response Steps) and PAI staff will review the PAI First Aid for Seizure Policy prior to meeting.

PAI Nurse will assess the staff's understanding of the steps included in the PAI First Aid for Seizure Policy:

_mw_ When a seizure occurs, staff will stay with the person at all times and monitor their status;

_____ If the seizure is deemed to be mild in severity and duration and there is no respiratory compromise, staff will continue to monitor and document the seizure and provide assistance and support as needed.

_____ The attending staff or PAI nurse (if in attendance) will determine if 911 needs to be called for emergency medical care.

- If the seizure is severe to the extent that it causes the person's Airway-Breathing-Circulation (A-B-C's) to be compromised, 911 will be called.
- Staff need no prior authorization and are responsible for calling 911 if they have any concern for the person's well-being before, during or after the seizure.

_____ If a seizure occurs when a person has no history of seizures, 911 will be called.

_____ PAI Nurse will be called for any abnormal seizure, when a PRN medication is given or when 911 is called for a seizure.

_____ The person's residential provider, guardian and case manager will be notified of the 911 call as soon as possible.

_____ After the seizure activity ends, if the person is extremely lethargic, unable to swallow or maintain their normal level of eye contact:

- The residential nurse (if available) will be contacted for further instructions.
- If a residential nurse is unavailable, PAI's nurse will be called for further instructions.

_____ When a person has a seizure and recovers, they may return to their activities as tolerated. If the person needs additional rest/recovery time:

- The person will be made comfortable and allowed to rest.
- Staff will monitor the person for additional seizure activity or symptoms of distress, and provide assistance as necessary

_____ Staff will complete the PAI seizure report form and route it as designated on the form.

Passed: _mw_   Needs Re-Training:_____   Date for Re-Training: _____

COMMENTS: _Ma50_____

Staff Name (Print)	Natalie Johnson	Date:	9/18/19
Staff Signature	Natalie Johnson	Date:	9/18/19
Nurse Signature	Mingda Ding	Date:	9/18/19