

Certificate of Completion For Medication Administration

This certificate of Completion verifies that

Colette Rice

*has successfully completed an eight (8) hour
Medication Administration course on: 1/31/2019
Given by:*

Phoenix Service Corporation

Magda Dany, RN
Instructor Title

Certificate of Skill Completion For: Observed Skill Assessment.

This medication passer has successfully demonstrated competency
in the routes of medication administration for:

Medication ✓ off's	Date	Signature/Title	Treatment ✓ off's	Date	Signature/Title
oral	3/7/19	Magda Dany, RN	VNS		
topical	3/7/19	Magda Dany, RN	Vest (ACS)		
ear	3/7/19	Magda Dany, RN	Epipen		
eye	3/7/19	Magda Dany, RN	Oral Suctioning		
Inhaler			Trach suct. w/sims		
Nebulizer			G-tube gravity		
Rectal			G-Tube Pump	3/7/19	Magda Dany, RN
Sublingual	3/7/19	Magda Dany, RN	G-Tube Bolus	3/7/19	Magda Dany, RN
Gastrostomy Tube			Oxygen		
			In-dwell cath bag chg		
			In-dwell cath empty		
			Rubber bulb suctioning		

Medication Information Worksheet

Collette Ricci

Medication: Brand & Generic Name	Normal Dosage	Purpose	Side Effect	Adverse Reactions	Contraindications
Tylenol (Acetaminophen)	4-6 hr 800 mg	Headache muscle Arthritis Pain	Nausea Stomach pain loss of appetite	Hives Pain in Abdomen Rash	Alcohol barbiturates
Motrin (Ibuprofen)	4-6 hr 800 mg	mild to moderate Pain	diarrhea constipation bloating	dizziness eye changes headache	beta blockers ACE inhibitors
Ativan (Lorazepam)		Seizures or Anxiety	Drowsiness Tiredness muscle weakness	Slurred Speech Dizzy	Alcohol CNS depressants
Valium (Diazepam)		Anxiety muscle spasms Seizures	fatigue headache dry mouth	Anxiety hypotension	chlorpropamide hydantoin
Valium (Diazepam)					
(Diazepam)	5mg	Seizure	drowsiness tiredness headache	Vomiting Sweating anxiety	clozapine phenytoin disulfiram
Valproic Acid Syrup (Depakene)	250mg/ml	Seizure	Diarrhea dizziness	Bleeding depression indigestion	warfarin carbamazepine
Lamotrigine (Lamictal)	300mg tabs	Seizure	headache dry mouth	dizziness Nausea Rash	Carbamazepine Phenytoin Primidone
Clonazepam (Klonopin)	0.5 mg tabs	Seizures anxiety	depression weakness dizziness	Confusion Constipation diarrhea	Alcohol aminophylline
Zantac (Ranitidine)	10 mls	Acid reflux Esophagitis	insomnia Constipation Vomiting	Abdominal Pain Headache	Delavirdine warfarin
Zonisamide (Zonigran)	100 mg cap via G tube	Seizures	Shortness of breath Rapid heartbeat	Anorexia aplastic anemia	Carbamazepine Phenytoin Primidone
Lorazepam (Ativan)	1ml/2mg	Seizures Anxiety	Dizziness Tiredness Headache	Apathy Confusion depression	Alcohol CNS depressants

Diazepam

0

SCORE (# correct): _____

NAME: Colette Rice

DATE: 1-31-19

SITE: _____

MEDICATION ADMINISTRATION TEST

Name the SEVEN RIGHTS of medication administration: 1. Person

2. medication 3. dose 4. route

5. date 6. Time 7. documentation

8. When passing medication, how many times do you check the medication label to the medication administration sheet? ^{x Storage}

- a. once
- b. twice
- c. three times
- d. four times

9. If someone has the diagnosis of cerebral palsy, a seizure disorder, a penicillin allergy and constipation, could they take Ampicillin?

- a. YES – if the doctor ordered it, it should not be questioned
- b. NO – due to the allergy, the nurse should be called

10. Joe receives Timoptic and Liquid Tears ophthalmic drops, how long do you need to wait between the administrations of each of the different drops?

- a. 30 seconds
- b. 5 minutes
- c. one hour
- d. never give two types

11. Which medication must be given with food due to the side effect of gastric irritation?

- a. Vitamin E
- b. Colace
- c. Aspirin/Motrin
- d. Valium

Match the medications to their intended purpose.

12. c Valium, Dantrium, Baclofen

a. antibiotics

13. b Colace, Dulcolax, Lactulose

b. constipation meds

14. e Estrogen, Synthroid, Steroids

c. muscle relaxants

15. a Penicillin, Tetracycline, Septra

d. anticonvulsant meds

16. d Depakote, Tegretol, Dilantin

e. hormonal supplements

17. Greg's orders say he is to get Depakote 750mg, it comes in 250mg capsules. How many capsules would you give him to equal 750mg?

- a. one
- b. two
- c. three
- d. four

18. If a label reads: Acetaminophen Liquid 325mg/5cc's, the doctor's order says to give 650mg, how many cc's would you give?

- a. 5cc
- b. 10cc
- c. 15cc
- d. 320cc

Decipher the following *ITALICIZED* abbreviation in the following orders:

24. HypoTears *gtts ii OU BID PRN* dry eyes 2 both eyes 2x daily as needed
by month
25. Ampicillin 250 mg (O) *q6h x 10d* 250 mg every 6 hours for 10 days
26. Reglan 10mg *po QID 1/2h ac* 10 mg by mouth 4x daily 1/2 hour by meal
27. Colace 100mg *i cap O qod* 100 mg 1 capsule oral every other day

Read the medication label and indicate the number of capsules you would administer per dose

28. 3 capsules

56421 Dr.M Daly
Public, John Q. 1-29-2018
Take 300mg (O) once daily

Docustate Sod. (DDS) 100mg
Gen. for Colace 100mg Exp. 4-21-2018

29. 4 tablets

56421 Dr.M Daly
Public, John Q. 1-29-2018
Take 800mg po q 6-8h prn pain

Ibuprofen 200mg
Gen for Motrin 200mg

30. Whose license do you pass medications under?

- a. The facility you work for
- b. Your supervisor's
- c. The health department
- d. The RN's license

There are 30 possible points you must pass with 85% accuracy.

- 1 or 29 points = 97%
- 2 or 28 points = 93%
- 3 or 27 points = 90%
- 4 or 26 points = 87%
-
- 5 or 25 points = 84%

Entered 3/16/19 M

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 clean 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: MA 03

Med trainee-print Colette Rice

Date: 3/16/19

Med print-sign Colette Rice

Date: 3/16/19

PASS: Needs Re-training: Nurses Signature/Date Mangler

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3/16/19

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3/18/19

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:

- 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:

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 H2O 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/H2O flush on MAR

COMMENTS: Ma 26 + Ma 31

Med trainee-print: Colette Rice

Date: 3/16/19

Med trainee-sign: Colette Rice

Date: _____

PASS: Needs Re-Training: Nurses Signature/Date: Marydel B...

3/16/19

Entered
3/18/19
20

EYE DROPS/OINTMENT 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. 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: MA 02

Med trainee-print Colette Rice Date: 3-6-19
 Med trainee-sign Colette Rice Date: 3-6-19

PASS: MD Needs Re-training: Nurses Signature/Date Margda R
 S:Nurse Medication Administration Packet 3/6/19

Entered
3/15/19
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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: Ma ID

Med trainee-print Colette Rice

Date: 3-6-19

Med trainee: Colette Rice

Date: 3-6-19

PASS: MM Needs re-training: Nurses signature/Date Mengda B

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3/16/19

Entered
3/18/19

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: M205

Med trainee-print Colette Rice Date _____

Med trainee-sign Colette Rice Date: _____

PASS: MM Needs Re-Training: _____

Nurses Signature/Date: Margdar Date 3/6/19

Entered
3/18/19

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: MA 09

Med trainee-print Colette Rice Date: 3-6-19

Med trainee-sign Colette Rice Date: 3-6-19

PASS: Needs Re-Training:
Nurses Signature/Date Margda [Signature] Date 3/6/19

EPIPEN ADMINISTRATION OBSERVATION CHECKLIST

Mentor
1/4/19

STAFF: _____

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: M

FAILED: _____

RETRAINING DATE: _____

COMMENTS: _____

Staff Signature

Coleen Rice

Date:

1-3-19

PAI Nursing Staff Signature:

Mingda Deng, RN

Date:

1-3-19

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*entire
4/19*

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:

- Review location and content of Physician Orders and Standing Order lists.
- Explanation of treatment needed
- Location of 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: _____

Med trainee-print Colette Rice Date 1-3-19
 Med trainee-sign Colette Rice Date: 1-3-19

PASS: M Needs retraining: _____ Nurses Signature/Date: Margda Denej, 1-3-19

S:\Nurse\Medication Administration Packet

ma 38

SEIZURE FIRST AID

STAFF TRAINING CHECKLIST

entered
4/4/19

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

- MD 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: MD Needs Re-Training: _____ Date for Re-Training: _____

COMMENTS: _____

Staff Name (Print)	<u>Colette Rice</u>	Date:	<u>1-3-19</u>
Staff Signature	<u>Colette Rice</u>	Date:	<u>1-3-19</u>
Nurse Signature	<u>Margaret Denny, RN</u>	Date:	<u>1-3-19</u>

ma 50

entered
4/4/19

PULSE OXIMETER USAGE

STAFF TRAINING CHECKLIST

X = Successfully completed step
(Demonstrated skill/Verbalized correct information)

O = Unsuccessfully completed step
(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.

MM
+
+
+

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: MM

Needs Re-Training: _____

Date for Re-Training: _____

COMMENTS: _____

Staff Name (Print)

Colette Rice

Date: 1-3-19

Staff Signature

Colette Rice

Date: 1-3-19

Nurse Signature

Margda Dengiz

Date: 1-3-19

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