

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

ORAL LIQUID MEDICATIONS	RATIONALE						
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Washed hands.</li> <li><input checked="" type="checkbox"/> 2. Unlocked medication cabinet.</li> <li><input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.</li> <li><input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.</li> <li><input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</li> <li><input checked="" type="checkbox"/> 6. Checked for allergies to medication.</li> <li><input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:               <table style="margin-left: 40px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Right Individual</td> <td><input checked="" type="checkbox"/> Right Medication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Date</td> <td><input checked="" type="checkbox"/> Right Time</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Route</td> <td><input checked="" type="checkbox"/> Right Dose</td> </tr> </table> </li> <li><input checked="" type="checkbox"/> 8. Checked expiration date.</li> <li><input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.</li> <li><input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.</li> <li><input checked="" type="checkbox"/> 11. Shake the medication if it is a suspension.</li> <li><input checked="" type="checkbox"/> 12. Poured the correct amount of medication, <b>at eye level on a level surface</b>, with the label facing up, into a plastic medication measuring cup or measuring spoon. If indicated: diluted or dissolved medication with the correct amount of fluid.</li> <li><input checked="" type="checkbox"/> 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap.</li> <li><input checked="" type="checkbox"/> 14. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.</li> <li><input checked="" type="checkbox"/> 15. Identified individual prior to administration of medication.</li> <li><input checked="" type="checkbox"/> 16. Explained to individual what is to be done.</li> <li><input checked="" type="checkbox"/> 17. Administered correct dose of medication according to directions and in the appropriate container.</li> <li><input checked="" type="checkbox"/> 18. Remained with individual until medication is swallowed.</li> <li><input checked="" type="checkbox"/> 19. Returned medication to locked area.</li> <li><input checked="" type="checkbox"/> 20. Disposed of used supplies.</li> <li><input checked="" type="checkbox"/> 21. Washed hands.</li> <li><input checked="" type="checkbox"/> 22. Charted medication administered correctly.</li> </ul>	<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose	<ul style="list-style-type: none"> <li>1. To prevent the spread of disease.</li> <li>2. To ensure individual safety, medications are kept locked.</li> <li>3. To review correct medication orders.</li> <li>4. To be organized.</li> <li>5. To be informed about the medication being given.</li> <li>6. To avoid giving medication that a person is allergic to.</li> <li>7. To prevent medication errors.</li> <li>8. To avoid administering ineffective medication.</li> <li>9. To know what steps to take.</li> <li>10. To verify accuracy of 1<sup>st</sup> check.</li> <li>11. To ensure even dispersion of medication.</li> <li>12. To ensure correct dose is poured, label is easy to read and preserved, and correct administration procedures are followed.</li> <li>13. To maintain cleanliness of bottle.</li> <li>14. To verify accuracy of 2<sup>nd</sup> check.</li> <li>15. To avoid giving medication to the wrong individual.</li> <li>16. To ensure individual understands medication procedure.</li> <li>17. To follow correct procedure for administration.</li> <li>18. To ensure entire dose is taken.</li> <li>19. To ensure individual safety, medications are kept locked.</li> <li>20. To clean the area.</li> <li>21. To prevent the spread of disease.</li> <li>22. To follow policy and procedure on medication administration and documentation.</li> </ul>
<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication						
<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time						
<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose						

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TABLET/CAPSULE, LOZENGE MEDICATIONS	RATIONALE						
<p><input checked="" type="checkbox"/> 1. Washed hands.</p> <p><input checked="" type="checkbox"/> 2. Unlocked medication cabinet.</p> <p><input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p><input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.</p> <p><input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p><input checked="" type="checkbox"/> 6. Checked for allergies to medication.</p> <p><input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <table style="margin-left: 40px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Right Individual</td> <td><input checked="" type="checkbox"/> Right Medication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Date</td> <td><input checked="" type="checkbox"/> Right Time</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Route</td> <td><input checked="" type="checkbox"/> Right Dose</td> </tr> </table> <p><input checked="" type="checkbox"/> 8. Checked expiration date.</p> <p><input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.</p> <p><input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.</p> <p><input checked="" type="checkbox"/> 11. <b>For medications in a bottle:</b> poured correct number of tablets/capsules into the lid of the medication container and transferred them into a medication cup.  <b>For medications in a 'bubble pack':</b> started at the highest number, pushed the correct dosage into a medication cup, and wrote the date and their initials on the card next to the dosage(s) popped out.  <b>For lozenges:</b> unwrapped the lozenge and transferred it into a medication cup.</p> <p><input checked="" type="checkbox"/> 12. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.</p> <p><input checked="" type="checkbox"/> 13. Identified individual prior to administration of medication.</p> <p><input checked="" type="checkbox"/> 14. Explained to individual what is to be done.</p> <p><input checked="" type="checkbox"/> 15. Administered correct dose of medication by instructing individual to swallow meds (offered min. 4 oz. water). If the medication is in lozenge form, instructed individual not to chew or swallow; the lozenge needs to dissolve in their mouth.</p> <p><input checked="" type="checkbox"/> 16. <b>For swallowed medication:</b> remained with individual until medication was swallowed.  <b>For lozenges:</b> remained in same area of the individual until the lozenge was completely dissolved. Checked to ensure individual did not chew or swallow the lozenge.</p> <p><input checked="" type="checkbox"/> 17. Returned medication to locked area.</p> <p><input checked="" type="checkbox"/> 18. Disposed of used supplies.</p> <p><input checked="" type="checkbox"/> 19. Washed hands.</p> <p><input checked="" type="checkbox"/> 20. Charted medication administered correctly.</p>	<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose	<p>1. To prevent the spread of disease.</p> <p>2. To ensure individual safety, medications are kept locked.</p> <p>3. To review correct medication orders.</p> <p>4. To be organized.</p> <p>5. To be informed about the medication being given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1<sup>st</sup> check.</p> <p>11. To follow correct and sanitary procedures for medication administration.</p> <p>12. To verify accuracy of 2<sup>nd</sup> check.</p> <p>13. To avoid giving medication to the wrong individual.</p> <p>14. To ensure individual understands medication procedure.</p> <p>15. To administer medication as ordered.</p> <p>16. To ensure entire dose is taken.</p> <p>17. To ensure individual safety, medications are kept locked.</p> <p>18. To clean the area.</p> <p>19. To prevent the spread of disease.</p> <p>20. To follow policy and procedure on medication administration and documentation.</p>
<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication						
<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time						
<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose						

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TOPICAL/TRANSDERMAL SKIN MEDICATIONS	RATIONALE						
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 1. Washed hands.</li> <li><input checked="" type="checkbox"/> 2. Unlocked medication cabinet.</li> <li><input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.</li> <li><input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.</li> <li><input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</li> <li><input checked="" type="checkbox"/> 6. Checked for allergies to medication.</li> <li><input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:               <table style="margin-left: 40px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Right Individual</td> <td><input checked="" type="checkbox"/> Right Medication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Date</td> <td><input checked="" type="checkbox"/> Right Time</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Route</td> <td><input checked="" type="checkbox"/> Right Dose</td> </tr> </table> </li> <li><input checked="" type="checkbox"/> 8. Checked expiration date.</li> <li><input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.</li> <li><input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.</li> <li><input checked="" type="checkbox"/> 11. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.</li> <li><input type="checkbox"/> 12. Identified individual prior to administration of medication.</li> <li><input checked="" type="checkbox"/> 13. Explained to individual what is to be done.</li> <li><input checked="" type="checkbox"/> 14. Positioned individual if indicated.</li> <li><input checked="" type="checkbox"/> 15. Observed body area(s) and notified RN of any unusual conditions prior to administration.</li> <li><input checked="" type="checkbox"/> 16. If indicated, washed and dried affected area.</li> <li><input checked="" type="checkbox"/> 17. Put on gloves.</li> <li><input checked="" type="checkbox"/> 18. <b>For ointment or cream:</b> squeezed ointment or cream onto finger or applicator, then applied correct amount of ointment or cream as needed to adequately cover the affected area. Applied medication in a circular motion from the outside of the affected area into the center. New glove or applicator was used for larger areas requiring extra ointment or cream to avoid "double dipping." <b>For transdermal patches:</b> removed old patch and selected new patch site. Unwrapped new patch (signed and dated patch) and applied to clean, dry skin on upper torso (which is free of hair, cuts, sores, or irritation), unless indicated otherwise.</li> <li><input checked="" type="checkbox"/> 19. Replaced cap on container and avoided contact with other surfaces.</li> <li><input checked="" type="checkbox"/> 20. Disposed of used supplies.</li> <li><input checked="" type="checkbox"/> 21. Returned medication to locked cabinet.</li> <li><input checked="" type="checkbox"/> 22. Washed hands.</li> <li><input checked="" type="checkbox"/> 23. Charted medication administered correctly.</li> </ul>	<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose	<ul style="list-style-type: none"> <li>1. To prevent the spread of disease.</li> <li>2. To ensure individual safety, medications are kept locked.</li> <li>3. To review correct medication orders.</li> <li>4. To be organized.</li> <li>5. To be informed about the medication been given.</li> <li>6. To avoid giving medication that a person is allergic to.</li> <li>7. To prevent medication errors.</li> <li>8. To avoid administering ineffective medication.</li> <li>9. To know what steps to take.</li> <li>10. To verify accuracy of 1<sup>st</sup> check.</li> <li>11. To verify accuracy of 2<sup>nd</sup> check.</li> <li>12. To avoid giving medication to the wrong individual.</li> <li>13. To ensure individual understands medication procedure.</li> <li>14. To provide comfort and to gain access to correct body area.</li> <li>15. To notify RN of conditions to be monitored.</li> <li>16. To enhance absorption of the medication.</li> <li>17. To avoid staff absorption of the medication.</li> <li>18. To administer medication as ordered and to verify date and person who administered the dose.</li> <li>19. To avoid spillage of medication and to prevent contamination of medication.</li> <li>20. To clean the area.</li> <li>21. To ensure individual safety, medications are kept locked.</li> <li>22. To prevent the spread of disease.</li> <li>23. To follow policy and procedure on medication administration and documentation.</li> </ul>
<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication						
<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time						
<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose						

[Type here]

BJ

<p><input checked="" type="checkbox"/> 25. Charted medication administered correctly.</p> <p>Additional Training Items:</p> <p><input checked="" type="checkbox"/> Buddy Checking Medications-check that each bubblepack has been popped and signed off on, review MAR for correct documentation and that all medications were given correctly.</p> <p><input checked="" type="checkbox"/> Standing Orders and PRN-reference each client's standing orders for instructions on administering PRNs when needed. Document on the Standing Orders/PRN documentation sheet in the MAR when administering Standing Orders PRN.</p> <p><input checked="" type="checkbox"/> Review Packing Medications. When packing medications complete medication set up by preparing all medications for a set date/time in one envelope. Clearly label the envelope with date and time medications should be passed and list every medications included in the envelope.</p> <p><input checked="" type="checkbox"/> Medication Discrepancy Procedure- Have "Medication or Treatment Error or Refusal Report" in hand and review. When a discrepancy is discovered that involves a missed or late medication call Coborn's Pharmacy, speak with a Pharmacist and inquire if the medication can still be passed. If it can not ask about side effects to monitor for. Follow Pharmacist instructions and fill out the "medication or treatment error or refusal report."</p> <p><input checked="" type="checkbox"/> Medication Disposal Procedure- Remove label that contains PPI. Bring Medications to any Police Department for disposal.</p>	<p>25. To follow policy and procedure on medication administration and documentation</p>
---	--

## Medication Administration Competency

**\*\* Automatic Failure**

Name: Alegha Henderson

Date: 07/30/2020

### MEDICATION ADMINISTRATION CHECKLIST

Pass  Fail

Evaluator: Sabrina Ballard

Date: 7.30.20

1.  **\*\*Attended Medication Class/Satisfactorily passed oral/written exam (Date: 7/30/20)**  
 Date you observed medications passed 7/30/20.  
 Date you were observed passing medications 7/30/20.
2.  **\*\*Identified the "8 Rights" of Medication Administration**

<input checked="" type="checkbox"/> Right Patient	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Exp. Date
<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Time/Date	<input checked="" type="checkbox"/> Right Documentation
<input checked="" type="checkbox"/> Right Amount/Dose	<input checked="" type="checkbox"/> Right Start/Stop Date	
3.  Understood/demonstrated approved abbreviations
4.  After completion of Medication Administration:
  - Cleaned/replaced supplies
  - Properly disposed of gloves/waste
  - Correctly documented Medication Administration
5.  Understood purpose and side-effects of medication/verbalized location of medication information
6.  **\*\*Liquid Medication-Preparation for Administration**
  - Removed cap/placed "cap top down"
  - Medication cup at eye level/or syringe dose accurate in cc's
  - Poured away from label
  - Cleaned lip of bottle with clean wipe
7.  Correct hand washing/Appropriate use of wearing gloves

*Sabrina Ballard*

### ORAL MEDICATION

Pass  Fail

Evaluator: Sabrina Ballard

Date: 7.30.20

1.  Washed hands
2.  Assembled necessary supplies
3.  **\*\*Medication Preparation**
  - Removed medication from client's supply
  - Checked medication label with MAR for "Rights"
  - Checked medication label again when medication returned to client's supply
4.  **\*\*Correct number of tablets/capsules into medication cup**
5.  **\*\*Correctly identified client**
6.  **\*\*Administration of Medication**
  - Performed tasks prior to medication administration such as pulse, B.P., etc.
  - Water given to client before medication
  - Medication given to client/water given/remained with client until medication swallowed.
7.  If applicable to client/or N/A
  - Sublingual Medication - given under tongue with client to retain tablet under tongue until dissolved
  - Buccal Medication - placed to the side and back/between the cheek and teeth. Retain until dissolved
8.  Washed hands
9.  Charted correctly on MAR

*Sabrina Ballard*

**EYE MEDICATION**Pass  Fail Evaluator: Sabrina BallardDate: 7-30-20

1.  Assembled necessary supplies
2.  Washed hands
3. .... \*\*Medication Preparation
  - Removed medication from client's supply
  - Checked medication label with MAR for "Rights"
  - Checked medication label again, before administering medication
4.  \*\*Correctly identified client
5.  Explained procedure/provided privacy
6.  Properly positioned client/ lying or sitting with head tilted back
7.  Applied gloves
8.  If necessary, cleansed eye with clean tissue, wiping from inner corner of eye outward. If both eyes receive medication repeat procedure using clean tissue.
9.  Gently pulled down on lower lid to form a pouch (on lower lid).
10.  \*\*Applied correct amount of medication into pouch of lower lid. Avoided contact of medication container with the eye. If more than one medication was prescribed, waited 5 minutes between medications.
11. .... \*\*Ointment Medication
  - Applied a thin "bead" along the length of lower lid pouch - from inner to outer eye
  - Asked client to keep eyes closed for a 2 - 3 minutes.
  - Excess medication wiped away using clean tissue for each eye
12.  Properly disposed of gloves/waste
13.  Washed hands
14.  Charted correctly on MAR

*Sabrina Ballard***EAR MEDICATION**Pass  Fail Evaluator: Sabrina BallardDate: 7-30-20

1.  Assembled necessary supplies
2.  Washed hands
3. .... \*\*Medication Preparation
  - Removed medication from client's supply
  - Checked medication label with MAR for "Rights"
  - Checked medication label again, before administering medication. Tightly held medication in hand 2 - 3 minutes to warm medication
4.  \*\*Correctly identified client
5.  Explained procedure/provided privacy
6.  Properly positioned client/ lying or sitting with affected ear upwards
7.  Applied gloves
8.  If necessary, cleansed ear with clean tissue/(clean tissue for each ear)
9.  \*\*Administered the prescribed number of ear drops/gently pulled top of ear backward and upward. Avoided contact of medication container with the ear. Cap placed "cap top down"
10.  Client instructed to maintain position for 2 - 3 minutes. DID NOT APPLY cotton to the ear.
11.  Repeated procedure if medication prescribed for both ears.
12.  Properly disposed of gloves/waste
13.  Washed hands
14.  Charted correctly on MAR

*Sabrina Ballard*

**TOPICAL MEDICATION**Pass  Fail Evaluator: Sabrina BallardDate: 7-30-20

1.  Assembled necessary supplies
2.  Washed hands
3. .... **\*\*Medication Preparation**
  - Removed medication from client's supply
  - Checked medication label with MAR for "Rights"
  - Checked medication label again, before administering medication
4.  **\*\*Correctly identified client**
5.  Explained procedure/provided privacy
6.  Properly positioned client, depending on location of skin compromise
7.  Applied gloves
8.  If necessary, cleansed the site, changed gloves if contaminated.
9.  **\*\*Applied medication according to directions. Removed cap with "cap top down".**
10.  Properly disposed of gloves/waste
11.  Washed hands
12.  Charted correctly on MAR

Sabrina Ballard**RECTAL MEDICATION**Pass  Fail Evaluator: Sabrina BallardDate: 7-30-20

1.  Assembled necessary supplies
2.  Washed hands
3. .... **\*\*Medication Preparation**
  - Removed medication from client's supply
  - Checked medication label with MAR for "Rights"
  - Checked medication label again, before administering medication
4.  **\*\*Correctly identified client**
5.  If enema prescribed, warm enema in "lukewarm" water for 10 min. (A warm enema decreases cramping)
6.  Explained procedure/provided privacy
7.  Positioned client, on left side with top leg flexed
8.  Applied "double" gloves
9.  Remove protective foil from suppository or tip from disposable enema
10.  Lubricate suppository or tip of enema with water-soluble lubricant (K-Y Jelly)
11.  Encourage relaxation by instructing to breath slowly through mouth
- 12a. ENEMA
  - Inserted enema tip gently into the rectum beyond the sphincter muscle. Slowly "squeezed" the contents of the enema bag into the rectum. Had client stay on the left sided position until necessary to expel enema. Minimum of 15 minutes.
- 12b. SUPPOSITORY
  - With "double" gloved finger, inserted suppository into the rectum, along the colon wall, beyond the sphincter muscle. If rectum blocked with stool, contacted supervisor for instruction.
13.  Withdrew enema tip/gloved finger from rectum, placed heel of hand against anus until the urge to expel had subsided
14.  Removed and properly disposed of contaminated gloves (double bagged for disposal)
15.  Washed hands
16.  Charted correctly on MAR/documentated results

Sabrina Ballard