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Angela Pushe

Cynthia Clem

STAFF NAME: STAFF EVALUATING THE SKILLS: INSERT DATE SKILL WAS OBSERVED BY EACH___NUMBER.

Have the "Safe Medication Assistance & Administration" in hand and review with this document.

You only need to do the demonstrated observed skill for the routes of administration that you will be using. Later, if you find out that someone now has eye drops that need to be administered, staff will need to do the demonstrated observed skill prior to administration. Example: someone gets pink eye and needs an eye antibiotic administered every 4 hours, then you will need to get that route completed prior to actual administration.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

EAR DROP MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands the medication procedure.
___ 14. Had individual sit or lie down. **If sitting:** individual tilted head sideways until affected ear was as horizontal as possible. **If lying down:** individual turned head so affected ear was up.	14. To ensure most effective position for proper administration.
___ 15. Put on gloves.	15. To follow proper sanitary procedures.
___ 16. Observed ears and notified PL/DC of any unusual condition prior to administration.	16. To notify PL/DC of conditions to be monitored.
___ 17. Administered the correct number of drops into the correct ear. **Adult:** pulled the ear gently backward and upward. **Child:** pulled the ear gently backward and downward.	17. To avoid dosage and route errors and to straighten ear canal for most effective administration.
___ 18. Had individual remain in the required position for two to three minutes.	18. To keep medication from dripping out of ear.
___ 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain.	19. To wipe away any excess medication.
___ 20. Repeated procedure for other ear, if necessary.	20. To administer medication as ordered.
___ 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container.	21. To prevent contamination of the medication.
___ 22. Returned medication to locked area.	22. To ensure individual safety, medications are kept locked.
___ 23. Disposed of used supplies.	23. To clean the area.
24. Washed hands.	24. To prevent the spread of disease.

___ 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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EYE MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands the medication procedure.
___ 14. Had individual sit or lie down.	14. To ensure most effective position for proper administration.
___ 15. Put on gloves.	15. To follow proper sanitary procedures.
___ 16. Observed eye(s) and notified PL/DC of any unusual conditions prior to administration.	16. To notify PL/DC of conditions to be monitored.
___ 17. Cleansed the eye once with a clean, warm, wet cloth, gently wiping from the inner corner outward (if medication is used in both eyes, used a separate cloth for each eye).	17. To avoid spreading infection and to ensure proper eye hygiene.
___ 18. Assisted or asked individual to tilt their head back and to look up.	18. To make eye area accessible.
___ 19. Pulled correct lower eyelid down and upper lid up to form a 'pocket' or asked individual to do so.	19. To administer drop or ointment by minimizing blink reflex.
___ 20. **For eye ointment:** administered ¼ inch strand of eye ointment from inner corner to outer corner of lower eyelid. Had individual slowly blink or close their eyes. **For eye drops:** administered drops into the lower eyelid. Had individual slowly blink or close their eyes.	20. To follow correct medication administration procedure.
___ 21. Avoided touching the tip of the dropper or tube to individual's eyelid(s) or any other surface then replaced cap on container.	21. To prevent contamination of medication.
___ 22. Offered individual tissue for each eye or blotted individual's eye with separate tissues.	22. To wipe away excess medication and avoid spreading infection.
___ 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
___ 24. Disposed of used supplies.	24. To clean the area.
___ 25. Washed hands.	25. To prevent the spread of disease.
___ 26. Charted medication administered correctly.	26. To follow policy and procedure on medication administratioı and documentation.

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

ORAL LIQUID MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Shake the medication if it is a suspension.	11. To ensure even dispersion of medication.
___ 12. Poured the correct amount of medication, **at eye level on a level surface**, 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.	12. To ensure correct dose is poured, label is easy to read and preserved, and correct administration procedures are followed.
___ 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap.	13. To maintain cleanliness of bottle.
___ 14. Compared medication label against individual's medication sheet for the 3rd time.	14. To verify accuracy of 2nd check.
___ 15. Identified individual prior to administration of medication.	15. To avoid giving medication to the wrong individual.
___ 16. Explained to individual what is to be done.	16. To ensure individual understands medication procedure.
___ 17. Administered correct dose of medication according to directions and in the appropriate container.	17. To follow correct procedure for administration.
___ 18. Remained with individual until medication is swallowed.	18. To ensure entire dose is taken.
___ 19. Returned medication to locked area.	19. To ensure individual safety, medications are kept locked.
___ 20. Disposed of used supplies.	20. To clean the area.
___ 21. Washed hands.	21. To prevent the spread of disease.
___ 22. Charted medication administered correctly.	22. To follow policy and procedure on medication administration and documentation.

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TABLET/CAPSULE, LOZENGE MEDICATIONS	RATIONALE
1. Washed hands.	1. To prevent the spread of disease.
2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
4. Assembled equipment necessary for administration.	4. To be organized.
5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: Right Individual — Right Medication Right Date — Right Time Right Route — Right Dose	7. To prevent medication errors.
8. Checked expiration date.	8. To avoid administering ineffective medication.
9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
11. **For medications in a bottle:** poured correct number of tablets/capsules into the lid of the medication container and transferred them into a medication cup. **For medications in a 'bubble pack':** 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. **For lozenges:** unwrapped the lozenge and transferred it into a medication cup.	11. To follow correct and sanitary procedures for medication administration.
12. Compared medication label against individual's medication sheet for the 3rd time.	12. To verify accuracy of 2nd check.
13. Identified individual prior to administration of medication.	13. To avoid giving medication to the wrong individual.
14. Explained to individual what is to be done.	14. To ensure individual understands medication procedure.
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.	15. To administer medication as ordered.
16. **For swallowed medication:** remained with individual until medication was swallowed. **For lozenges:** remained in same area of the individual until the lozenge was completely dissolved. Checked to ensure individual did not chew or swallow the lozenge.	16. To ensure entire dose is taken.
17. Returned medication to locked area.	17. To ensure individual safety, medications are kept locked.
18. Disposed of used supplies.	18. To clean the area.
19. Washed hands.	19. To prevent the spread of disease.
20. Charted medication administered correctly.	20. To follow policy and procedure on medication administration and documentation.

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TOPICAL/TRANSDERMAL SKIN MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication been given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
___ 14. Positioned individual if indicated.	14. To provide comfort and to gain access to correct body area.
___ 15. Observed body area(s) and notified RN of any unusual conditions prior to administration.	15. To notify RN of conditions to be monitored.
___ 16. If indicated, washed and dried affected area.	16. To enhance absorption of the medication.
___ 17. Put on gloves.	17. To avoid staff absorption of the medication.
___ 18. **For ointment or cream:** 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." **For transdermal patches**: 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.	18. To administer medication as ordered and to verify date and person who administered the dose.
___ 19. Replaced cap on container and avoided contact with other surfaces.	19. To avoid spillage of medication and to prevent contamination of medication.
___ 20. Disposed of used supplies.	20. To clean the area.
___ 21. Returned medication to locked cabinet.	21. To ensure individual safety, medications are kept locked.
___ 22. Washed hands.	22. To prevent the spread of disease.
___ 23. Charted medication administered correctly.	23. To follow policy and procedure on medication administration and documentation.

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

METERED DOSE INHALER	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Checked label on medication container for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
___ 14. Had individual sit down, if possible.	14. To ensure most effective position for proper administration.
___ 15. Assembled inhaler properly (may include spacers or aero chambers), if required, and removed cover (Diskus: slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).	15. To properly deliver inhaled dose.
___ 16. Shook inhaler gently (Diskus: do not require shaking).	16. To ensure even dispersion of medication in correct dose.
___ 17. Had individual exhale through their mouth completely.	17. To empty the airways before inhaling medication.
___ 18. Placed mouthpiece in individual's open mouth and instructed individual to close lips around mouthpiece.	18. To have proper placement of inhaler for delivered dose.
___ 19. Pressed down on the inhaler or Diskus once and instructed individual to inhale deeply and slowly through their mouth then to hold their breath for 10 seconds or as long as possible.	19. To follow correct procedure for administration.
___ 20. Waited 1 minute and repeated steps 18-20 if more than one puff of inhaler is needed.	20. To allow time for first puff of medication to begin working.
___ 21. Provided water or instructed individual to rinse mouth out.	21. To avoid oral yeast infection from repeated medication exposure.
___ 22. Washed inhaler mouthpiece with soap and warm water, and dried with a clean paper towel (If Diskus style inhaler, wiped mouthpiece with clean dry cloth).	22. To remove oral secretions from mouthpiece.
___ 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
___ 24. Washed hands.	24. To prevent the spread of disease.
___ 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation

___ 26. For PRN or emergency use of an inhaler, stated when to call PL/DC, clinic, or 911.	26. To ensure individual safety and to follow proper protocol for PRN use of inhaler or for emergencies.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

RECTAL MEDICATIONS	RATIONALE
___ 1. Washed hands.	1. To prevent the spread of disease.
___ 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
___ 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
___ 4. Assembled equipment necessary for administration.	4. To be organized.
___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
___ 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
___ 8. Checked expiration date.	8. To avoid administering ineffective medication.
___ 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
___ 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
___ 11. Checked label on medication container for the 3rd time.	11. To verify accuracy of 2nd check.
___ 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
___ 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
___ 14. Staff put on double gloves.	14. To prevent the spread of disease.
___ 15. Have individual lay down on left side with top leg flexed.	15. To ensure most effective position for proper administration.
___ 16. Remove protective foil from suppository or tip from disposable enema.	16. To ensure medication can be released.
___17. Lubricate suppository or tip of enema with water-soluble lubricant.	17. To allow for easier and more comfortable insertion.
___18. Encourage relaxation by instructing to breathe slowly through mouth.	18. To help muscles relax.
___19. Enema: inserted enema tip gently into the rectum beyond the sphincter muscle. Slowly squeeze the contents of the enema bag into the rectum. Have client stay on the left sided position until necessary to expel enema. Minimum of 15 minutes.	19. To follow correct procedure for administration and allow time for medication to work properly.
___ 20. Suppository: with double gloved finger, insert suppository into the rectum, along the colon wall, beyond the sphincter muscle. If rectum is blocked with stool, contact Program Leader for instruction.	20. To follow correct procedure for administration and allow time for medication to work properly.
___ 21. Withdraw enema tip/gloved finger from the rectum, place heel of hand against anus until the urge to expel has subsided.	21. To follow correct procedure for administration and allow time for medication to work properly.
___ 22. Dispose of used supplies.	22. To clean the area.
___ 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
___ 24. Wash hands.	24. To prevent the spread of disease.

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AR 25. Charted medication administered correctly. Additional Training Items: AR 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. AR 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. AR 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. AR 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." AR Medication Disposal Procedure- Remove label that contains PPI. Bring Medications to any Police Department for disposal.	25. To follow policy and procedure on medication administration and documentation

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