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STAFF NAME: *Mrs. [Signature]*

STAFF EVALUATING THE SKILLS: *[Signature]*

INSERT DATE SKILL WAS OBSERVED BY EACH NUMBER. *9/17/21*

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

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| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Washed hands. <input type="checkbox"/> 2. Unlocked medication cabinet. <input type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered. <input type="checkbox"/> 4. Assembled equipment necessary for administration. <input type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <input type="checkbox"/> 6. Checked for allergies to medication. <input type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <ul style="list-style-type: none"> <input type="checkbox"/> Right Individual <input type="checkbox"/> Right Medication <input type="checkbox"/> Right Date <input type="checkbox"/> Right Time <input type="checkbox"/> Right Route <input type="checkbox"/> Right Dose <input type="checkbox"/> 8. Checked expiration date. <input type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet. <input type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time. <input type="checkbox"/> 11. Compared medication label against individual's medication sheet for the 3rd time. <input type="checkbox"/> 12. Identified individual prior to administration of medication. <input type="checkbox"/> 13. Explained to individual what is to be done. <input type="checkbox"/> 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. <input type="checkbox"/> 15. Put on gloves. <input type="checkbox"/> 16. Observed ears and notified PL/DC of any unusual condition prior to administration. <input type="checkbox"/> 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. <input type="checkbox"/> 18. Had individual remain in the required position for two to three minutes. <input type="checkbox"/> 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain. <input type="checkbox"/> 20. Repeated procedure for other ear, if necessary. <input type="checkbox"/> 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container. <input type="checkbox"/> 22. Returned medication to locked area. <input type="checkbox"/> 23. Disposed of used supplies. <input type="checkbox"/> 24. Washed hands. | <ul style="list-style-type: none"> 1. To prevent the spread of disease. 2. To ensure individual safety, medications are kept locked. 3. To review correct medication orders. 4. To be organized. 5. To be informed about the medication being given. 6. To avoid giving medication that a person is allergic to. 7. To prevent medication errors. 8. To avoid administering ineffective medication. 9. To know what steps to take. 10. To verify accuracy of 1st check. 11. To verify accuracy of 2nd check. 12. To avoid giving medication to the wrong individual. 13. To ensure individual understands the medication procedure. 14. To ensure most effective position for proper administration. 15. To follow proper sanitary procedures. 16. To notify PL/DC of conditions to be monitored. 17. To avoid dosage and route errors and to straighten ear canal for most effective administration. 18. To keep medication from dripping out of ear. 19. To wipe away any excess medication. 20. To administer medication as ordered. 21. To prevent contamination of the medication. 22. To ensure individual safety, medications are kept locked. 23. To clean the area. 24. To prevent the spread of disease. |
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___ 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.
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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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EYE MEDICATIONS	RATIONALE
<p>___ 1. Washed hands.</p> <p>___ 2. Unlocked medication cabinet.</p> <p>___ 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p>___ 4. Assembled equipment necessary for administration.</p> <p>___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p>___ 6. Checked for allergies to medication.</p> <p>___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <p style="padding-left: 40px;">___ Right Individual ___ Right Medication</p> <p style="padding-left: 40px;">___ Right Date ___ Right Time</p> <p style="padding-left: 40px;">___ Right Route ___ Right Dose</p> <p>___ 8. Checked expiration date.</p> <p>___ 9. Identified what to do if medication label does not match medication sheet.</p> <p>___ 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p>___ 11. Compared medication label against individual's medication sheet for the 3rd time.</p> <p>___ 12. Identified individual prior to administration of medication.</p> <p>___ 13. Explained to individual what is to be done.</p> <p>___ 14. Had individual sit or lie down.</p> <p>___ 15. Put on gloves.</p> <p>___ 16. Observed eye(s) and notified PL/DC of any unusual conditions prior to administration.</p> <p>___ 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).</p> <p>___ 18. Assisted or asked individual to tilt their head back and to look up.</p> <p>___ 19. Pulled correct lower eyelid down and upper lid up to form a 'pocket' or asked individual to do so.</p> <p>___ 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.</p> <p>___ 21. Avoided touching the tip of the dropper or tube to individual's eyelid(s) or any other surface then replaced cap on container.</p> <p>___ 22. Offered individual tissue for each eye or blotted individual's eye with separate tissues.</p> <p>___ 23. Returned medication to locked area.</p> <p>___ 24. Disposed of used supplies.</p> <p>___ 25. Washed hands.</p> <p>___ 26. Charted medication administered correctly.</p>	<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 1st check.</p> <p>11. To verify accuracy of 2nd check.</p> <p>12. To avoid giving medication to the wrong individual.</p> <p>13. To ensure individual understands the medication procedure.</p> <p>14. To ensure most effective position for proper administration.</p> <p>15. To follow proper sanitary procedures.</p> <p>16. To notify PL/DC of conditions to be monitored.</p> <p>17. To avoid spreading infection and to ensure proper eye hygiene.</p> <p>18. To make eye area accessible.</p> <p>19. To administer drop or ointment by minimizing blink reflex.</p> <p>20. To follow correct medication administration procedure.</p> <p>21. To prevent contamination of medication.</p> <p>22. To wipe away excess medication and avoid spreading infection.</p> <p>23. To ensure individual safety, medications are kept locked.</p> <p>24. To clean the area.</p> <p>25. To prevent the spread of disease.</p> <p>26. To follow policy and procedure on medication administration and documentation.</p>

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

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 2nd time.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 12. Compared medication label against individual's medication sheet for the 3rd 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. 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.</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 1st check.</p> <p>11. To follow correct and sanitary procedures for medication administration.</p> <p>12. To verify accuracy of 2nd 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												
<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 style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Right Individual</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Right Medication</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Right Date</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Right Time</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Right Route</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>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 2nd time.</p> <p><input checked="" type="checkbox"/> 11. Compared medication label against individual's medication sheet for the 3rd time.</p> <p><input checked="" type="checkbox"/> 12. Identified individual prior to administration of medication.</p> <p><input checked="" type="checkbox"/> 13. Explained to individual what is to be done.</p> <p><input checked="" type="checkbox"/> 14. Positioned individual if indicated.</p> <p><input checked="" type="checkbox"/> 15. Observed body area(s) and notified RN of any unusual conditions prior to administration.</p> <p><input checked="" type="checkbox"/> 16. If indicated, washed and dried affected area.</p> <p><input checked="" type="checkbox"/> 17. Put on gloves.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 19. Replaced cap on container and avoided contact with other surfaces.</p> <p><input checked="" type="checkbox"/> 20. Disposed of used supplies.</p> <p><input checked="" type="checkbox"/> 21. Returned medication to locked cabinet.</p> <p><input checked="" type="checkbox"/> 22. Washed hands.</p> <p><input checked="" type="checkbox"/> 23. 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 been 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 1st check.</p> <p>11. To verify accuracy of 2nd check.</p> <p>12. To avoid giving medication to the wrong individual.</p> <p>13. To ensure individual understands medication procedure.</p> <p>14. To provide comfort and to gain access to correct body area.</p> <p>15. To notify RN of conditions to be monitored.</p> <p>16. To enhance absorption of the medication.</p> <p>17. To avoid staff absorption of the medication.</p> <p>18. To administer medication as ordered and to verify date and person who administered the dose.</p> <p>19. To avoid spillage of medication and to prevent contamination of medication.</p> <p>20. To clean the area.</p> <p>21. To ensure individual safety, medications are kept locked.</p> <p>22. To prevent the spread of disease.</p> <p>23. 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

METERED DOSE INHALER	RATIONALE
<ul style="list-style-type: none"> <input type="checkbox"/> 1. Washed hands. <input type="checkbox"/> 2. Unlocked medication cabinet. <input type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered. <input type="checkbox"/> 4. Assembled equipment necessary for administration. <input type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <input type="checkbox"/> 6. Checked for allergies to medication. <input type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <ul style="list-style-type: none"> <input type="checkbox"/> Right Individual <input type="checkbox"/> Right Medication <input type="checkbox"/> Right Date <input type="checkbox"/> Right Time <input type="checkbox"/> Right Route <input type="checkbox"/> Right Dose <input type="checkbox"/> 8. Checked expiration date. <input type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet. <input type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time. <input type="checkbox"/> 11. Checked label on medication container for the 3rd time. <input type="checkbox"/> 12. Identified individual prior to administration of medication. <input type="checkbox"/> 13. Explained to individual what is to be done. <input type="checkbox"/> 14. Had individual sit down, if possible. <input type="checkbox"/> 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). <input type="checkbox"/> 16. Shook inhaler gently (Diskus: do not require shaking). <input type="checkbox"/> 17. Had individual exhale through their mouth completely. <input type="checkbox"/> 18. Placed mouthpiece in individual's open mouth and instructed individual to close lips around mouthpiece. <input type="checkbox"/> 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. <input type="checkbox"/> 20. Waited 1 minute and repeated steps 18-20 if more than one puff of inhaler is needed. <input type="checkbox"/> 21. Provided water or instructed individual to rinse mouth out. <input type="checkbox"/> 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). <input type="checkbox"/> 23. Returned medication to locked area. <input type="checkbox"/> 24. Washed hands. <input type="checkbox"/> 25. Charted medication administered correctly. 	<ul style="list-style-type: none"> 1. To prevent the spread of disease. 2. To ensure individual safety, medications are kept locked. 3. To review correct medication orders. 4. To be organized. 5. To be informed about the medication being given. 6. To avoid giving medication that a person is allergic to. 7. To prevent medication errors. 8. To avoid administering ineffective medication. 9. To know what steps to take. 10. To verify accuracy of 1st check. 11. To verify accuracy of 2nd check. 12. To avoid giving medication to the wrong individual. 13. To ensure individual understands medication procedure. 14. To ensure most effective position for proper administration. 15. To properly deliver inhaled dose. 16. To ensure even dispersion of medication in correct dose. 17. To empty the airways before inhaling medication. 18. To have proper placement of inhaler for delivered dose. 19. To follow correct procedure for administration. 20. To allow time for first puff of medication to begin working. 21. To avoid oral yeast infection from repeated medication exposure. 22. To remove oral secretions from mouthpiece. 23. To ensure individual safety, medications are kept locked. 24. To prevent the spread of disease. 25. To follow policy and procedure on medication administration and documentation

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___ 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.
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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

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<p>25. Charted medication administered correctly.</p> <p>Additional Training Items:</p> <p><u>9/17</u> 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><u>2/17</u> 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><u>9/17</u> 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><u>9/17</u> 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><u>9/17</u> 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>
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