[Type here] Nji Tumasang Raissa Ngekwi (Oct 1, 2021 13:27 CDT) Raissa N. EE CR Eza Eken

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

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 administration and documentation.

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.

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.

___ 25. Charted medication administered correctly. Additional Training Items: 7/13/21 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. 7/13/21 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. 7/13/21 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. 7/13/21 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." 7/13/21 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