[Type here]  Yolanda Melek          Brenda Jensen          6/4/21

# DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

# 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:<br>   Right Individual   Right Medication<br>   Right Date   Right Time<br>   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."<br>**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. |

| 25. Charted medication administered correctly.<br><br>Additional Training Items:<br>_____ 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.<br>_____ 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.<br>_____ 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.<br>_____ 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."<br>_____ 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 |