

[Type here]

9/19/21 Santosh Thapa - Eryn Ekan

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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>___ 1. Washed hands.</li><li>___ 2. Unlocked medication cabinet.</li><li>___ 3. Checked individual's monthly medication sheet to determine medications to be administered.</li><li>___ 4. Assembled equipment necessary for administration.</li><li>___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</li><li>___ 6. Checked for allergies to medication.</li><li>___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:<ul style="list-style-type: none"><li>___ Right Individual    ___ Right Medication</li><li>___ Right Date        ___ Right Time</li><li>___ Right Route        ___ Right Dose</li></ul></li><li>___ 8. Checked expiration date.</li><li>___ 9. Identified what to do if medication label does not match medication sheet.</li><li>___ 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.</li><li>___ 11. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.</li><li>___ 12. Identified individual prior to administration of medication.</li><li>___ 13. Explained to individual what is to be done.</li><li>___ 14. Had individual sit or lie down.<br/><b>If sitting:</b> individual tilted head sideways until affected ear was as horizontal as possible.<br/><b>If lying down:</b> individual turned head so affected ear was up.</li><li>___ 15. Put on gloves.</li><li>___ 16. Observed ears and notified PL/DC of any unusual condition prior to administration.</li><li>___ 17. Administered the correct number of drops into the correct ear. <b>Adult:</b> pulled the ear gently backward and upward. <b>Child:</b> pulled the ear gently backward and downward.</li><li>___ 18. Had individual remain in the required position for two to three minutes.</li><li>___ 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain.</li><li>___ 20. Repeated procedure for other ear, if necessary.</li><li>___ 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container.</li><li>___ 22. Returned medication to locked area.</li><li>___ 23. Disposed of used supplies.</li><li>___ 24. Washed hands.</li></ul> | <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 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 the medication procedure.</li><li>14. To ensure most effective position for proper administration.</li><li>15. To follow proper sanitary procedures.</li><li>16. To notify PL/DC of conditions to be monitored.</li><li>17. To avoid dosage and route errors and to straighten ear canal for most effective administration.</li><li>18. To keep medication from dripping out of ear.</li><li>19. To wipe away any excess medication.</li><li>20. To administer medication as ordered.</li><li>21. To prevent contamination of the medication.</li><li>22. To ensure individual safety, medications are kept locked.</li><li>23. To clean the area.</li><li>24. To prevent the spread of disease.</li></ul> |

[Type here]

|                                                                         |                                                                                    |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> 25. Charted medication administered correctly. | 25. To follow policy and procedure on medication administration and documentation. |
|-------------------------------------------------------------------------|------------------------------------------------------------------------------------|

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| <p><b>DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS</b></p> |
|-------------------------------------------------------------------------------------------|

| 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 2<sup>nd</sup> time.</p> <p>___ 11. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> 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. <b>For eye ointment:</b> administered ¼ inch strand of eye ointment from inner corner to outer corner of lower eyelid. Had individual slowly blink or close their eyes.<br/><b>For eye drops:</b> 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 1<sup>st</sup> check.</p> <p>11. To verify accuracy of 2<sup>nd</sup> 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> |

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

| ORAL LIQUID MEDICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RATIONALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Washed hands.</li> <li><input type="checkbox"/> 2. Unlocked medication cabinet.</li> <li><input type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.</li> <li><input type="checkbox"/> 4. Assembled equipment necessary for administration.</li> <li><input type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</li> <li><input type="checkbox"/> 6. Checked for allergies to medication.</li> <li><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"> <li><input type="checkbox"/> Right Individual      <input type="checkbox"/> Right Medication</li> <li><input type="checkbox"/> Right Date              <input type="checkbox"/> Right Time</li> <li><input type="checkbox"/> Right Route              <input type="checkbox"/> Right Dose</li> </ul> </li> <li><input type="checkbox"/> 8. Checked expiration date.</li> <li><input type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.</li> <li><input type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.</li> <li><input type="checkbox"/> 11. Shake the medication if it is a suspension.</li> <li><input 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.<br/>If indicated: diluted or dissolved medication with the correct amount of fluid.</li> <li><input type="checkbox"/> 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap.</li> <li><input type="checkbox"/> 14. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.</li> <li><input type="checkbox"/> 15. Identified individual prior to administration of medication.</li> <li><input type="checkbox"/> 16. Explained to individual what is to be done.</li> <li><input type="checkbox"/> 17. Administered correct dose of medication according to directions and in the appropriate container.</li> <li><input type="checkbox"/> 18. Remained with individual until medication is swallowed.</li> <li><input type="checkbox"/> 19. Returned medication to locked area.</li> <li><input type="checkbox"/> 20. Disposed of used supplies.</li> <li><input type="checkbox"/> 21. Washed hands.</li> <li><input type="checkbox"/> 22. Charted medication administered correctly.</li> </ul> | <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> |

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

| TABLET/CAPSULE, LOZENGE MEDICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RATIONALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p> <input checked="" type="checkbox"/> 1. Washed hands.<br/> <input checked="" type="checkbox"/> 2. Unlocked medication cabinet.<br/> <input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.<br/> <input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.<br/> <input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.<br/> <input checked="" type="checkbox"/> 6. Checked for allergies to medication.<br/> <input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:<br/> <div style="margin-left: 40px;"> <input type="checkbox"/> Right Individual    <input type="checkbox"/> Right Medication<br/> <input type="checkbox"/> Right Date        <input type="checkbox"/> Right Time<br/> <input type="checkbox"/> Right Route       <input type="checkbox"/> Right Dose </div> <input checked="" type="checkbox"/> 8. Checked expiration date.<br/> <input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.<br/> <input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.<br/> <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.<br/> <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.<br/> <b>For lozenges:</b> unwrapped the lozenge and transferred it into a medication cup.<br/> <input checked="" type="checkbox"/> 12. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.<br/> <input checked="" type="checkbox"/> 13. Identified individual prior to administration of medication.<br/> <input checked="" type="checkbox"/> 14. Explained to individual what is to be done.<br/> <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.<br/> <input checked="" type="checkbox"/> 16. <b>For swallowed medication:</b> remained with individual until medication was swallowed.<br/> <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.<br/> <input checked="" type="checkbox"/> 17. Returned medication to locked area.<br/> <input checked="" type="checkbox"/> 18. Disposed of used supplies.<br/> <input checked="" type="checkbox"/> 19. Washed hands.<br/> <input checked="" type="checkbox"/> 20. Charted medication administered correctly. </p> | <p> 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/> 8. To avoid administering ineffective medication.<br/> 9. To know what steps to take.<br/> <br/> 10. To verify accuracy of 1<sup>st</sup> check.<br/> 11. To follow correct and sanitary procedures for medication administration.<br/> <br/> 12. To verify accuracy of 2<sup>nd</sup> check.<br/> 13. To avoid giving medication to the wrong individual.<br/> 14. To ensure individual understands medication procedure.<br/> 15. To administer medication as ordered.<br/> <br/> 16. To ensure entire dose is taken.<br/> <br/> 17. To ensure individual safety, medications are kept locked.<br/> 18. To clean the area.<br/> 19. To prevent the spread of disease.<br/> 20. To follow policy and procedure on medication administration and documentation. </p> |

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

| TOPICAL/TRANSDERMAL<br>SKIN MEDICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RATIONALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p> <input type="checkbox"/> 1. Washed hands.<br/> <input type="checkbox"/> 2. Unlocked medication cabinet.<br/> <input type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.<br/> <input type="checkbox"/> 4. Assembled equipment necessary for administration.<br/> <input type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.<br/> <input type="checkbox"/> 6. Checked for allergies to medication.<br/> <input type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:<br/> <div style="margin-left: 40px;"> <input type="checkbox"/> Right Individual      <input type="checkbox"/> Right Medication<br/> <input type="checkbox"/> Right Date            <input type="checkbox"/> Right Time<br/> <input type="checkbox"/> Right Route           <input type="checkbox"/> Right Dose </div> <input type="checkbox"/> 8. Checked expiration date.<br/> <input type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.<br/> <input type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.<br/> <input type="checkbox"/> 11. Compared medication label against individual's medication sheet for the 3<sup>rd</sup> time.<br/> <input type="checkbox"/> 12. Identified individual prior to administration of medication.<br/> <input type="checkbox"/> 13. Explained to individual what is to be done.<br/> <input type="checkbox"/> 14. Positioned individual if indicated.<br/> <input type="checkbox"/> 15. Observed body area(s) and notified RN of any unusual conditions prior to administration.<br/> <input type="checkbox"/> 16. If indicated, washed and dried affected area.<br/> <input type="checkbox"/> 17. Put on gloves.<br/> <input 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."<br/> <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.<br/> <input type="checkbox"/> 19. Replaced cap on container and avoided contact with other surfaces.<br/> <input type="checkbox"/> 20. Disposed of used supplies.<br/> <input type="checkbox"/> 21. Returned medication to locked cabinet.<br/> <input type="checkbox"/> 22. Washed hands.<br/> <input type="checkbox"/> 23. Charted medication administered correctly. </p> | <p> 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 been given.<br/> <br/> 6. To avoid giving medication that a person is allergic to.<br/> 7. To prevent medication errors.<br/> <br/> 8. To avoid administering ineffective medication.<br/> 9. To know what steps to take.<br/> <br/> 10. To verify accuracy of 1<sup>st</sup> check.<br/> 11. To verify accuracy of 2<sup>nd</sup> check.<br/> 12. To avoid giving medication to the wrong individual.<br/> 13. To ensure individual understands medication procedure.<br/> 14. To provide comfort and to gain access to correct body area.<br/> 15. To notify RN of conditions to be monitored.<br/> <br/> 16. To enhance absorption of the medication.<br/> 17. To avoid staff absorption of the medication.<br/> 18. To administer medication as ordered and to verify date and person who administered the dose.<br/> <br/> 19. To avoid spillage of medication and to prevent contamination of medication.<br/> 20. To clean the area.<br/> 21. To ensure individual safety, medications are kept locked.<br/> 22. To prevent the spread of disease.<br/> 23. To follow policy and procedure on medication administration and documentation. </p> |

## DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

[Type here]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <h2 style="text-align: center;">DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS</h2>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <h3 style="text-align: center;">RECTAL MEDICATIONS</h3>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <h3 style="text-align: center;">RATIONALE</h3>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ol style="list-style-type: none"> <li>___ 1. Washed hands.</li> <li>___ 2. Unlocked medication cabinet.</li> <li>___ 3. Checked individual's monthly medication sheet to determine medications to be administered.</li> <li>___ 4. Assembled equipment necessary for administration.</li> <li>___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</li> <li>___ 6. Checked for allergies to medication.</li> <li>___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:             <div style="margin-left: 40px;">               ___ Right Individual    ___ Right Medication<br/>               ___ Right Date        ___ Right Time<br/>               ___ Right Route        ___ Right Dose             </div> </li> <li>___ 8. Checked expiration date.</li> <li>___ 9. Identified what to do if medication label does not match medication sheet.</li> <li>___ 10. Compared medication label against individual's medication sheet for the 2<sup>nd</sup> time.</li> <li>___ 11. Checked label on medication container for the 3<sup>rd</sup> time.</li> <li>___ 12. Identified individual prior to administration of medication.</li> <li>___ 13. Explained to individual what is to be done.</li> <li>___ 14. Staff put on double gloves.</li> <li>___ 15. Have individual lay down on left side with top leg flexed.</li> <li>___ 16. Remove protective foil from suppository or tip from disposable enema.</li> <li>___ 17. Lubricate suppository or tip of enema with water-soluble lubricant.</li> <li>___ 18. Encourage relaxation by instructing to breathe slowly through mouth.</li> <li>___ 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.</li> <li>___ 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.</li> <li>___ 21. Withdraw enema tip/gloved finger from the rectum, place heel of hand against anus until the urge to expel has subsided.</li> <li>___ 22. Dispose of used supplies.</li> <li>___ 23. Returned medication to locked area.</li> <li>___ 24. Wash hands.</li> </ol> | <ol 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 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 prevent the spread of disease.</li> <li>15. To ensure most effective position for proper administration.</li> <li>16. To ensure medication can be released.</li> <li>17. To allow for easier and more comfortable insertion.</li> <li>18. To help muscles relax.</li> <li>19. To follow correct procedure for administration and allow time for medication to work properly.</li> <li>20. To follow correct procedure for administration and allow time for medication to work properly.</li> <li>21. To follow correct procedure for administration and allow time for medication to work properly.</li> <li>22. To clean the area.</li> <li>23. To ensure individual safety, medications are kept locked.</li> <li>24. To prevent the spread of disease.</li> </ol> |

[Type here]

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <p>✓ 25. Charted medication administered correctly.</p> <p>Additional Training Items:</p> <p>✓ 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>✓ 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>✓ 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>✓ 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>✓ 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> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

Santosh Thapa

LA  
Elyn Ekin

# PHYXIOUS

## Medication Administration Competency

**\*\* Automatic Failure**

Name: Santosh Thapa

Date: 01/02/019

### MEDICATION ADMINISTRATION CHECKLIST

Evaluator: Juleena Richmond

Date: 1/2/19

Pass MR Fail     

1. ☒ \*\* Attended Medication Class/Satisfactorily passed oral/written exam (Date: 01 / 02 / 019)  
Date you observed medications passed 1 / 4 / 19.  
Date you were observed passing medications 1 / 4 / 19.
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:

|                                                                                    |
|------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Cleaned/replaced supplies                      |
| <input checked="" type="checkbox"/> Properly disposed of gloves/waste              |
| <input checked="" type="checkbox"/> Correctly documented Medication Administration |
5. ☒ Understood purpose and side-effects of medication/verbalized location of medication information
6. ☐ \*\* Liquid Medication-Preparation for Administration

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Removed cap/placed "cap top down"                            |
| <input checked="" type="checkbox"/> Medication cup at eye level/or syringe dose accurate in cc's |
| <input checked="" type="checkbox"/> Poured away from label                                       |
| <input checked="" type="checkbox"/> Cleaned lip of bottle with clean wipe                        |
7. ☒ Correct hand washing/Appropriate use of wearing gloves

### ORAL MEDICATION

Evaluator: Juleena Richmond

Date: 1/2/19

Pass MR Fail     

1. ☒ Washed hands
2. ☒ Assembled necessary supplies
3. ☐ \*\* Medication Preparation

|                                                                                                                |
|----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Removed medication from client's supply                                    |
| <input checked="" type="checkbox"/> Checked medication label with MAR for "Rights"                             |
| <input checked="" type="checkbox"/> 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

|                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Performed tasks prior to medication administration such as pulse, B.P., etc.            |
| <input checked="" type="checkbox"/> Water given to client before medication                                                 |
| <input checked="" type="checkbox"/> Medication given to client/water given/remained with client until medication swallowed. |
7. ☐ If applicable to client/or N/A

|                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Sublingual Medication - given under tongue with client to retain tablet under tongue until dissolved |
| <input checked="" type="checkbox"/> Buccal Medication - placed to the side and back/between the cheek and teeth. Retain until dissolved  |
8. ☒ Washed hands
9. ☒ Charted correctly on MAR

Date: 1/2/19**EYE MEDICATION**Evaluator: Juliana Richmond

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

Date: 1/2/19**EAR MEDICATION**Evaluator: Juliana Richmond

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

**TOPICAL MEDICATION**Evaluator: Julene RichmondDate: 1/2/19Pass PM Fail

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

**RECTAL MEDICATION**Evaluator: Julene RichmondDate: 1/2/19Pass PM Fail

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/document results