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STAFF NAME: Fadumo Mohamed STAFF EVALUATING THE SKILLS: Tori Stepanicic 4/5/2022 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
4/8 1. Washed hands.	1. To prevent the spread of disease.
4/8 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
4/8 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
4/8 4. Assembled equipment necessary for administration.	4. To be organized.
4/8 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.	5. To be informed about the medication being given.
4/8 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
4/8 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: 4/8 Right Individual — 4/8 Right Medication ___ Right Date — ___ Right Time ___ Right Route — ___ Right Dose	7. To prevent medication errors.
4/8 8. Checked expiration date.	8. To avoid administering ineffective medication.
4/8 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
4/8 10. Compared medication label against individual's medication sheet for the 2nd time.	10. To verify accuracy of 1st check.
4/8 11. Compared medication label against individual's medication sheet for the 3rd time.	11. To verify accuracy of 2nd check.
4/8 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
4/8 13. Explained to individual what is to be done.	13. To ensure individual understands the medication procedure.
4/8 14. Had individual sit or lie down. **If sitting:** individual tilted head sideways until affected ear was as horizontal as possible. **If lying down:** individual turned head so affected ear was up.	14. To ensure most effective position for proper administration.
4/8 15. Put on gloves.	15. To follow proper sanitary procedures.
4/8 16. Observed ears and notified PL/DC of any unusual condition prior to administration.	16. To notify PL/DC of conditions to be monitored.
4/8 17. Administered the correct number of drops into the correct ear. **Adult:** pulled the ear gently backward and upward. **Child:** pulled the ear gently backward and downward.	17. To avoid dosage and route errors and to straighten ear canal for most effective administration.
4/8 18. Had individual remain in the required position for two to three minutes.	18. To keep medication from dripping out of ear.
___ 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain.	19. To wipe away any excess medication.
4/8 20. Repeated procedure for other ear, if necessary.	20. To administer medication as ordered.
4/8 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container.	21. To prevent contamination of the medication.
4/8 22. Returned medication to locked area.	22. To ensure individual safety, medications are kept locked.
4/8 23. Disposed of used supplies.	23. To clean the area.
4/8 24. Washed hands.	24. To prevent the spread of disease.

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4/6 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

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Fadumo Mohammed Tori Stepaniak

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

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4/18 25. Charted medication administered correctly. Additional Training Items: 4/8/22 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. 4/8/22 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. 4/8/22 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. 4/8/22 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." 4/8/22 Medication Disposal Procedure- Remove label that contains PPI. Bring Medications to any Police Department for disposal.	25. To follow policy and procedure on medication administration and documentation

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