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6/7/22

STAFF NAME:

Sarah mile

STAFF EVALUATING THE SKILLS:

Sam Hopp

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
<p>___ 1. Washed hands.</p> <p>___ 2. Unlocked medication cabinet.</p> <p>___ 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p>___ 4. Assembled equipment necessary for administration.</p> <p>___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p>___ 6. Checked for allergies to medication.</p> <p>___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <p style="padding-left: 40px;">___ Right Individual ___ Right Medication</p> <p style="padding-left: 40px;">___ Right Date ___ Right Time</p> <p style="padding-left: 40px;">___ Right Route ___ Right Dose</p> <p>___ 8. Checked expiration date.</p> <p>___ 9. Identified what to do if medication label does not match medication sheet.</p> <p>___ 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p>___ 11. Compared medication label against individual's medication sheet for the 3rd time.</p> <p>___ 12. Identified individual prior to administration of medication.</p> <p>___ 13. Explained to individual what is to be done.</p> <p>___ 14. Had individual sit or lie down. 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.</p> <p>___ 15. Put on gloves.</p> <p>___ 16. Observed ears and notified PL/DC of any unusual condition prior to administration.</p> <p>___ 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.</p> <p>___ 18. Had individual remain in the required position for two to three minutes.</p> <p>___ 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain.</p> <p>___ 20. Repeated procedure for other ear, if necessary.</p> <p>___ 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container.</p> <p>___ 22. Returned medication to locked area.</p> <p>___ 23. Disposed of used supplies.</p> <p>___ 24. Washed hands.</p>	<p>1. To prevent the spread of disease.</p> <p>2. To ensure individual safety, medications are kept locked.</p> <p>3. To review correct medication orders.</p> <p>4. To be organized.</p> <p>5. To be informed about the medication being given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1st check.</p> <p>11. To verify accuracy of 2nd check.</p> <p>12. To avoid giving medication to the wrong individual.</p> <p>13. To ensure individual understands the medication procedure.</p> <p>14. To ensure most effective position for proper administration.</p> <p>15. To follow proper sanitary procedures.</p> <p>16. To notify PL/DC of conditions to be monitored.</p> <p>17. To avoid dosage and route errors and to straighten ear canal for most effective administration.</p> <p>18. To keep medication from dripping out of ear.</p> <p>19. To wipe away any excess medication.</p> <p>20. To administer medication as ordered.</p> <p>21. To prevent contamination of the medication.</p> <p>22. To ensure individual safety, medications are kept locked.</p> <p>23. To clean the area.</p> <p>24. To prevent the spread of disease.</p>

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___ 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.
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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

FOR TRAINING PURPOSES ONLY



EYE MEDICATIONS	RATIONALE						
<ol style="list-style-type: none"> ___ 1. Washed hands. ___ 2. Unlocked medication cabinet. ___ 3. Checked individual's monthly medication sheet to determine medications to be administered. ___ 4. Assembled equipment necessary for administration. ___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. ___ 6. Checked for allergies to medication. ___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <table style="margin-left: 40px; border: none;"> <tr> <td>___ Right Individual</td> <td>___ Right Medication</td> </tr> <tr> <td>___ Right Date</td> <td>___ Right Time</td> </tr> <tr> <td>___ Right Route</td> <td>___ Right Dose</td> </tr> </table> ___ 8. Checked expiration date. ___ 9. Identified what to do if medication label does not match medication sheet. ___ 10. Compared medication label against individual's medication sheet for the 2nd time. ___ 11. Compared medication label against individual's medication sheet for the 3rd time. ___ 12. Identified individual prior to administration of medication. ___ 13. Explained to individual what is to be done. ___ 14. Had individual sit or lie down. ___ 15. Put on gloves. ___ 16. Observed eye(s) and notified PL/DC of any unusual conditions prior to administration. ___ 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). ___ 18. Assisted or asked individual to tilt their head back and to look up. ___ 19. Pulled correct lower eyelid down and upper lid up to form a 'pocket' or asked individual to do so. ___ 20. For eye ointment: administered ¼ inch strand of eye ointment from inner corner to outer corner of lower eyelid. Had individual slowly blink or close their eyes. For eye drops: administered drops into the lower eyelid. Had individual slowly blink or close their eyes. ___ 21. Avoided touching the tip of the dropper or tube to individual's eyelid(s) or any other surface then replaced cap on container. ___ 22. Offered individual tissue for each eye or blotted individual's eye with separate tissues. ___ 23. Returned medication to locked area. ___ 24. Disposed of used supplies. ___ 25. Washed hands. ___ 26. Charted medication administered correctly. 	___ Right Individual	___ Right Medication	___ Right Date	___ Right Time	___ Right Route	___ Right Dose	<ol style="list-style-type: none"> 1. To prevent the spread of disease. 2. To ensure individual safety, medications are kept locked. 3. To review correct medication orders. 4. To be organized. 5. To be informed about the medication being given. 6. To avoid giving medication that a person is allergic to. 7. To prevent medication errors. 8. To avoid administering ineffective medication. 9. To know what steps to take. 10. To verify accuracy of 1st check. 11. To verify accuracy of 2nd check. 12. To avoid giving medication to the wrong individual. 13. To ensure individual understands the medication procedure. 14. To ensure most effective position for proper administration. 15. To follow proper sanitary procedures. 16. To notify PL/DC of conditions to be monitored. 17. To avoid spreading infection and to ensure proper eye hygiene. 18. To make eye area accessible. 19. To administer drop or ointment by minimizing blink reflex. 20. To follow correct medication administration procedure. 21. To prevent contamination of medication. 22. To wipe away excess medication and avoid spreading infection. 23. To ensure individual safety, medications are kept locked. 24. To clean the area. 25. To prevent the spread of disease. 26. To follow policy and procedure on medication administration and documentation.
___ Right Individual	___ Right Medication						
___ Right Date	___ Right Time						
___ Right Route	___ Right Dose						

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

ORAL LIQUID MEDICATIONS	RATIONALE						
<p><i>6/7</i> 1. Washed hands.</p> <p><i>6/7</i> 2. Unlocked medication cabinet.</p> <p><i>6/7</i> 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p><i>6/7</i> 4. Assembled equipment necessary for administration.</p> <p><i>6/7</i> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p><i>6/7</i> 6. Checked for allergies to medication.</p> <p><i>6/7</i> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <table style="margin-left: 40px; border: none;"> <tr> <td style="padding-right: 20px;"><i>6/7</i> Right Individual</td> <td><i>6/7</i> Right Medication</td> </tr> <tr> <td><i>6/7</i> Right Date</td> <td><i>6/7</i> Right Time</td> </tr> <tr> <td><i>6/7</i> Right Route</td> <td><i>6/7</i> Right Dose</td> </tr> </table> <p><i>6/7</i> 8. Checked expiration date.</p> <p><i>6/7</i> 9. Identified what to do if medication label does not match medication sheet.</p> <p><i>6/7</i> 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p><i>6/7</i> 11. Shake the medication if it is a suspension.</p> <p><i>6/7</i> 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.</p> <p><i>6/7</i> 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap.</p> <p><i>6/7</i> 14. Compared medication label against individual's medication sheet for the 3rd time.</p> <p><i>6/7</i> 15. Identified individual prior to administration of medication.</p> <p><i>6/7</i> 16. Explained to individual what is to be done.</p> <p><i>6/7</i> 17. Administered correct dose of medication according to directions and in the appropriate container.</p> <p><i>6/7</i> 18. Remained with individual until medication is swallowed.</p> <p><i>6/7</i> 19. Returned medication to locked area.</p> <p><i>6/7</i> 20. Disposed of used supplies.</p> <p><i>6/7</i> 21. Washed hands.</p> <p><i>6/7</i> 22. Charted medication administered correctly.</p>	<i>6/7</i> Right Individual	<i>6/7</i> Right Medication	<i>6/7</i> Right Date	<i>6/7</i> Right Time	<i>6/7</i> Right Route	<i>6/7</i> Right Dose	<p>1. To prevent the spread of disease.</p> <p>2. To ensure individual safety, medications are kept locked.</p> <p>3. To review correct medication orders.</p> <p>4. To be organized.</p> <p>5. To be informed about the medication being given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1st check.</p> <p>11. To ensure even dispersion of medication.</p> <p>12. To ensure correct dose is poured, label is easy to read and preserved, and correct administration procedures are followed.</p> <p>13. To maintain cleanliness of bottle.</p> <p>14. To verify accuracy of 2nd check.</p> <p>15. To avoid giving medication to the wrong individual.</p> <p>16. To ensure individual understands medication procedure.</p> <p>17. To follow correct procedure for administration.</p> <p>18. To ensure entire dose is taken.</p> <p>19. To ensure individual safety, medications are kept locked.</p> <p>20. To clean the area.</p> <p>21. To prevent the spread of disease.</p> <p>22. To follow policy and procedure on medication administration and documentation.</p>
<i>6/7</i> Right Individual	<i>6/7</i> Right Medication						
<i>6/7</i> Right Date	<i>6/7</i> Right Time						
<i>6/7</i> Right Route	<i>6/7</i> Right Dose						

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TABLET/CAPSULE, LOZENGE MEDICATIONS	RATIONALE						
<p><i>6/17</i> 1. Washed hands.</p> <p><i>6/17</i> 2. Unlocked medication cabinet.</p> <p><i>6/17</i> 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p><i>6/17</i> 4. Assembled equipment necessary for administration.</p> <p><i>6/17</i> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p><i>6/17</i> 6. Checked for allergies to medication.</p> <p><i>6/17</i> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <table style="margin-left: 40px; border: none;"> <tr> <td><i>6/17</i> Right Individual</td> <td><i>6/17</i> Right Medication</td> </tr> <tr> <td><i>6/17</i> Right Date</td> <td><i>6/17</i> Right Time</td> </tr> <tr> <td><i>6/17</i> Right Route</td> <td><i>6/17</i> Right Dose</td> </tr> </table> <p><i>6/17</i> 8. Checked expiration date.</p> <p><i>6/17</i> 9. Identified what to do if medication label does not match medication sheet.</p> <p><i>6/17</i> 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p><i>6/17</i> 11. For medications in a bottle: poured correct number of tablets/capsules into the lid of the medication container and transferred them into a medication cup. For medications in a 'bubble pack': started at the highest number, pushed the correct dosage into a medication cup, and wrote the date and their initials on the card next to the dosage(s) popped out. For lozenges: unwrapped the lozenge and transferred it into a medication cup.</p> <p><i>6/17</i> 12. Compared medication label against individual's medication sheet for the 3rd time.</p> <p><i>6/17</i> 13. Identified individual prior to administration of medication.</p> <p><i>6/17</i> 14. Explained to individual what is to be done.</p> <p><i>6/17</i> 15. Administered correct dose of medication by instructing individual to swallow meds (offered min. 4 oz. water). If the medication is in lozenge form, instructed individual not to chew or swallow; the lozenge needs to dissolve in their mouth.</p> <p><i>6/17</i> 16. For swallowed medication: remained with individual until medication was swallowed. For lozenges: remained in same area of the individual until the lozenge was completely dissolved. Checked to ensure individual did not chew or swallow the lozenge.</p> <p><i>6/17</i> 17. Returned medication to locked area.</p> <p><i>6/17</i> 18. Disposed of used supplies.</p> <p><i>6/17</i> 19. Washed hands.</p> <p><i>6/17</i> 20. Charted medication administered correctly.</p>	<i>6/17</i> Right Individual	<i>6/17</i> Right Medication	<i>6/17</i> Right Date	<i>6/17</i> Right Time	<i>6/17</i> Right Route	<i>6/17</i> Right Dose	<p>1. To prevent the spread of disease.</p> <p>2. To ensure individual safety, medications are kept locked.</p> <p>3. To review correct medication orders.</p> <p>4. To be organized.</p> <p>5. To be informed about the medication being given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1st check.</p> <p>11. To follow correct and sanitary procedures for medication administration.</p> <p>12. To verify accuracy of 2nd check.</p> <p>13. To avoid giving medication to the wrong individual.</p> <p>14. To ensure individual understands medication procedure.</p> <p>15. To administer medication as ordered.</p> <p>16. To ensure entire dose is taken.</p> <p>17. To ensure individual safety, medications are kept locked.</p> <p>18. To clean the area.</p> <p>19. To prevent the spread of disease.</p> <p>20. To follow policy and procedure on medication administration and documentation.</p>
<i>6/17</i> Right Individual	<i>6/17</i> Right Medication						
<i>6/17</i> Right Date	<i>6/17</i> Right Time						
<i>6/17</i> Right Route	<i>6/17</i> Right Dose						

DR

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TOPICAL/TRANSDERMAL SKIN MEDICATIONS	RATIONALE
<p>___ 1. Washed hands.</p> <p>___ 2. Unlocked medication cabinet.</p> <p>___ 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p>___ 4. Assembled equipment necessary for administration.</p> <p>___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p>___ 6. Checked for allergies to medication.</p> <p>___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <p style="padding-left: 40px;">___ Right Individual ___ Right Medication</p> <p style="padding-left: 40px;">___ Right Date ___ Right Time</p> <p style="padding-left: 40px;">___ Right Route ___ Right Dose</p> <p>___ 8. Checked expiration date.</p> <p>___ 9. Identified what to do if medication label does not match medication sheet.</p> <p>___ 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p>___ 11. Compared medication label against individual's medication sheet for the 3rd time.</p> <p>___ 12. Identified individual prior to administration of medication.</p> <p>___ 13. Explained to individual what is to be done.</p> <p>___ 14. Positioned individual if indicated.</p> <p>___ 15. Observed body area(s) and notified RN of any unusual conditions prior to administration.</p> <p>___ 16. If indicated, washed and dried affected area.</p> <p>___ 17. Put on gloves.</p> <p>___ 18. For ointment or cream: squeezed ointment or cream onto finger or applicator, then applied correct amount of ointment or cream as needed to adequately cover the affected area. Applied medication in a circular motion from the outside of the affected area into the center. New glove or applicator was used for larger areas requiring extra ointment or cream to avoid "double dipping."</p> <p> For transdermal patches: removed old patch and selected new patch site. Unwrapped new patch (signed and dated patch) and applied to clean, dry skin on upper torso (which is free of hair, cuts, sores, or irritation), unless indicated otherwise.</p> <p>___ 19. Replaced cap on container and avoided contact with other surfaces.</p> <p>___ 20. Disposed of used supplies.</p> <p>___ 21. Returned medication to locked cabinet.</p> <p>___ 22. Washed hands.</p> <p>___ 23. 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 been given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1st check.</p> <p>11. To verify accuracy of 2nd check.</p> <p>12. To avoid giving medication to the wrong individual.</p> <p>13. To ensure individual understands medication procedure.</p> <p>14. To provide comfort and to gain access to correct body area.</p> <p>15. To notify RN of conditions to be monitored.</p> <p>16. To enhance absorption of the medication.</p> <p>17. To avoid staff absorption of the medication.</p> <p>18. To administer medication as ordered and to verify date and person who administered the dose.</p> <p>19. To avoid spillage of medication and to prevent contamination of medication.</p> <p>20. To clean the area.</p> <p>21. To ensure individual safety, medications are kept locked.</p> <p>22. To prevent the spread of disease.</p> <p>23. To follow policy and procedure on medication administration and documentation.</p>



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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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RATIONALE

<p>___ 1. Washed hands.</p> <p>___ 2. Unlocked medication cabinet.</p> <p>___ 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p>___ 4. Assembled equipment necessary for administration.</p> <p>___ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p>___ 6. Checked for allergies to medication.</p> <p>___ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <p style="padding-left: 40px;">___ Right Individual ___ Right Medication</p> <p style="padding-left: 40px;">___ Right Date ___ Right Time</p> <p style="padding-left: 40px;">___ Right Route ___ Right Dose</p> <p>___ 8. Checked expiration date.</p> <p>___ 9. Identified what to do if medication label does not match medication sheet.</p> <p>___ 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p>___ 11. Checked label on medication container for the 3rd time.</p> <p>___ 12. Identified individual prior to administration of medication.</p> <p>___ 13. Explained to individual what is to be done.</p> <p>___ 14. Had individual sit down, if possible.</p> <p>___ 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).</p> <p>___ 16. Shook inhaler gently (Diskus: do not require shaking).</p> <p>___ 17. Had individual exhale through their mouth completely.</p> <p>___ 18. Placed mouthpiece in individual's open mouth and instructed individual to close lips around mouthpiece.</p> <p>___ 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.</p> <p>___ 20. Waited 1 minute and repeated steps 18-20 if more than one puff of inhaler is needed.</p> <p>___ 21. Provided water or instructed individual to rinse mouth out.</p> <p>___ 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).</p> <p>___ 23. Returned medication to locked area.</p> <p>___ 24. Washed hands.</p> <p>___ 25. Charted medication administered correctly.</p>	<p>1. To prevent the spread of disease.</p> <p>2. To ensure individual safety, medications are kept locked.</p> <p>3. To review correct medication orders.</p> <p>4. To be organized.</p> <p>5. To be informed about the medication being given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1st check.</p> <p>11. To verify accuracy of 2nd check.</p> <p>12. To avoid giving medication to the wrong individual.</p> <p>13. To ensure individual understands medication procedure.</p> <p>14. To ensure most effective position for proper administration.</p> <p>15. To properly deliver inhaled dose.</p> <p>16. To ensure even dispersion of medication in correct dose.</p> <p>17. To empty the airways before inhaling medication.</p> <p>18. To have proper placement of inhaler for delivered dose.</p> <p>19. To follow correct procedure for administration.</p> <p>20. To allow time for first puff of medication to begin working.</p> <p>21. To avoid oral yeast infection from repeated medication exposure.</p> <p>22. To remove oral secretions from mouthpiece.</p> <p>23. To ensure individual safety, medications are kept locked.</p> <p>24. To prevent the spread of disease.</p> <p>25. To follow policy and procedure on medication administration and documentation</p>
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26. For PRN or emergency use of an inhaler, stated when to call PL/DC, clinic, or 911.

26. To ensure individual safety and to follow proper protocol for PRN use of inhaler or for emergencies.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

RECTAL MEDICATIONS

RATIONALE

- 6/17 1. Washed hands.
- 6/17 2. Unlocked medication cabinet.
- 6/17 3. Checked individual's monthly medication sheet to determine medications to be administered.
- 6/17 4. Assembled equipment necessary for administration.
- 6/17 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.
- 6/17 6. Checked for allergies to medication.
- 6/17 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:
 - 6/17 Right Individual 6/17 Right Medication
 - 6/17 Right Date 6/17 Right Time
 - 6/17 Right Route 6/17 Right Dose
- 6/17 8. Checked expiration date.
- 6/17 9. Identified what to do if medication label does not match medication sheet.
- 6/17 10. Compared medication label against individual's medication sheet for the 2nd time.
- 6/17 11. Checked label on medication container for the 3rd time.
- 6/17 12. Identified individual prior to administration of medication.
- 6/17 13. Explained to individual what is to be done.
- 6/17 14. Staff put on double gloves.
- 6/17 15. Have individual lay down on left side with top leg flexed.
- 6/17 16. Remove protective foil from suppository or tip from disposable enema.
- 6/17 17. Lubricate suppository or tip of enema with water-soluble lubricant.
- 6/17 18. Encourage relaxation by instructing to breathe slowly through mouth.
- 6/17 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.
- 6/17 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.
- 6/17 21. Withdraw enema tip/gloved finger from the rectum, place heel of hand against anus until the urge to expel has subsided.
- 6/17 22. Dispose of used supplies.
- 6/17 23. Returned medication to locked area.
- 6/17 24. Wash hands.

- 1. To prevent the spread of disease.
- 2. To ensure individual safety, medications are kept locked.
- 3. To review correct medication orders.
- 4. To be organized.
- 5. To be informed about the medication being given.
- 6. To avoid giving medication that a person is allergic to.
- 7. To prevent medication errors.
- 8. To avoid administering ineffective medication.
- 9. To know what steps to take.
- 10. To verify accuracy of 1st check.
- 11. To verify accuracy of 2nd check.
- 12. To avoid giving medication to the wrong individual.
- 13. To ensure individual understands medication procedure.
- 14. To prevent the spread of disease.
- 15. To ensure most effective position for proper administration.
- 16. To ensure medication can be released.
- 17. To allow for easier and more comfortable insertion.
- 18. To help muscles relax.
- 19. To follow correct procedure for administration and allow time for medication to work properly.
- 20. To follow correct procedure for administration and allow time for medication to work properly.
- 21. To follow correct procedure for administration and allow time for medication to work properly.
- 22. To clean the area.
- 23. To ensure individual safety, medications are kept locked.
- 24. To prevent the spread of disease.

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10/17 25. Charted medication administered correctly.

Additional Training Items:

10/17 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.

10/17 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.

10/17 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.

10/17 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."

10/17 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

Add Name to Employee Phone List

OR 5/27/22

Location: Spiriti

Date/Hours of Training for Orientation: _____

Date/Hours Shadow Shift 1: 10am-4pm 5/28/22

Date/Hours Shadow Shift 2: 1-6pm 5/29/22

Date/Hours Shadow Shift 3: ~~3-10pm 5/31/22~~

Location: Beta

Date/Hours of Training for Orientation: 6/8 6hr

Date/Hours Shadow Shift 1: 6/9 5.5hr 6/14 7hr

Date/Hours Shadow Shift 2: 6/10 2hr

Date/Hours Shadow Shift 3: 6/13 2hr

Location: _____

Date/Hours of Training for Orientation: _____

Date/Hours Shadow Shift 1: _____

Date/Hours Shadow Shift 2: _____

Date/Hours Shadow Shift 3: _____

Location: _____

Date/Hours of Training for Orientation: _____

Date/Hours Shadow Shift 1: _____

Date/Hours Shadow Shift 2: _____

Date/Hours Shadow Shift 3: _____

Location: _____

Date/Hours of Training for Orientation: _____

Date/Hours Shadow Shift 1: _____

Date/Hours Shadow Shift 2: _____

Date/Hours Shadow Shift 3: _____

Location: _____

Date/Hours of Training for Orientation: _____

Date/Hours Shadow Shift 1: _____

Date/Hours Shadow Shift 2: _____

Date/Hours Shadow Shift 3: _____

Location: _____

Date/Hours of Training for Orientation: _____

Date/Hours Shadow Shift 1: _____

Date/Hours Shadow Shift 2: _____

Date/Hours Shadow Shift 3: _____

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Farah mine
 Date of background study submission: 5/13/22 Date of hire: 5/13/22
 Ongoing annual training period: MAY 2022 - MAY 2023 Date of background study clearance: 5/10/22
 Date of first supervised contact: 5/17/22 Date of first unsupervised contact: 6/15/22

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterisk (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Dylan Lacy

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	<u>6/7/22</u>	<u>6/7/22</u> <u>Verbal</u>	<u>.7hr</u>	<u>Samantha Hopp</u> <u>PHYSIUS</u>
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	<u>6/7/22</u>	<u>6/7/22</u> <u>Verbal</u>	<u>.7hr</u>	<u>Samantha Hopp</u> <u>PHYSIUS</u>
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	<u>6/7/22</u>	<u>6/7/22</u>	<u>.7hr</u>	<u>Samantha Hopp</u> <u>PHYSIUS</u>
CPR, if required by the CSSP or C SSP Addendum	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

<p>CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person</p>	6/7/22	6/7/22 Verbal	1hr	Samantha Hopp Phyxius
<p>Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans</p>	6/7/22	6/7/22 Verbal	1hr	Samantha Hopp Phyxius
<p>Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person</p>	6/7/22	6/7/22 Verbal	1hr	Samantha Hopp Phyxius
<p>The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative</p>	N/A	N/A	N/A	N/A
<p>Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness</p>	5/25/22	5/25/22 Physical Verbal	3.33hr	Lugan Nessel Phyxius
<p>Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:</p>	N/A	N/A	N/A	N/A

Staff signature Lugan Nessel Phyxius
 *I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.

Date 6-7-22

STAFF ORIENTATION AND ANNUAL TRAINING PLAN - PERSON SPECIFIC

Staff name: Sarah Mire
Date of background study submission: 5/13/22
Ongoing annual training period: May 2022 - May 2023
Date of first supervised contact: 5/17/22
Date of hire: 5/13/22
Date of background study clearance: 5/10/22
Date of first unsupervised contact: 6/15/22

Before having unsupervised direct contact with persons served or for whom the staff has not previously provided direct support or any time these plans or procedures are revised, staff must review and receive instruction in the following areas as they relate to the staff's job functions for that person. *Complete this form for each person served to whom the staff person will be providing direct contact services.

Training topics for community residential services (settings): training and competency evaluations must include the following topics, marked with an asterick (*) if identified in the *Coordinated Service and Support Plan*.

Name of person served: Josh Janke

Orientation to individual service recipient needs	Date of completion	Date and type of demonstrated competency	Length of training	Name of trainer and company, if applicable
*Appropriate and safe techniques in personal hygiene and grooming including: Hair care Bathing Care of teeth, gums, and oral prosthetic devices Other activities of daily living (ADLs) per 256B.0659-specify:	6/7/22	6/7/22 Verbal	.5hr	Samantha Hopp Phyxius
*Understanding of what constitutes a healthy diet according to data from the CDC and the skills necessary to prepare that diet	6/7/22	6/7/22 Verbal	.5hr	Samantha Hopp Phyxius
*Skills necessary to provide appropriate support in instrumental activities of daily living (IADLs) per 256B.0659-specify:	6/7/22	6/7/22 Verbal	.5hr	Samantha Hopp Phyxius
CPR, if required by the CSSP or CSSP Addendum	N/A	N/A	N/A	N/A

CSSP, CSSP Addendum, and Self-Management Assessment to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans. Include outcomes, behavior plans, and any document specific to the person	6/7/22	6/7/22	6/7/22	1hr	Samantha Hopp PHYSICIAN
Individual Abuse Prevention Plan to achieve and demonstrate an understanding of the person as a unique individual and how to implement those plans	6/7/22	6/7/22	6/7/22	1hr	Samantha Hopp PHYSICIAN
Medication set up or medication administration training when staff set up or administer medications. Training also includes specific medication set up or administration procedures for the person	6/7/22	6/7/22	6/7/22	1hr	Samantha Hopp PHYSICIAN
The safe and correct operation of medical equipment used by the person to sustain life or to monitor a medical condition that could become life threatening. This training must be provided by a licensed health care professional or manufacturer's representative	N/A	N/A	N/A	N/A	N/A
Mental health crisis response, de-escalation techniques, and suicide intervention when providing direct support to a person with a serious mental illness	5/25/22	5/25/22	5/25/22	3.33hr	Wyn Nuesse PHYSICIAN
Other topics as determined necessary according to the person's Coordinated Service and Support Plan or identified by the company: Topic: Topic: Topic:	N/A	N/A	N/A	N/A	N/A

Staff signature: LOREN MARY

Date: 6-7-22

*I understand the information I received and my responsibilities for their implementation in the care of persons served by this program.