

[Type here] Ubah ismail - 3/11/24

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"> <input checked="" type="checkbox"/> 1. Washed hands. <input checked="" type="checkbox"/> 2. Unlocked medication cabinet. <input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered. <input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration. <input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <input checked="" type="checkbox"/> 6. Checked for allergies to medication. <input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <table style="margin-left: 20px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Right Individual</td> <td><input checked="" type="checkbox"/> Right Medication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Date</td> <td><input checked="" type="checkbox"/> Right Time</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Route</td> <td><input checked="" type="checkbox"/> Right Dose</td> </tr> </table> <input checked="" type="checkbox"/> 8. Checked expiration date. <input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet. <input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time. <input checked="" type="checkbox"/> 11. Compared medication label against individual's medication sheet for the 3rd time. <input checked="" type="checkbox"/> 12. Identified individual prior to administration of medication. <input checked="" type="checkbox"/> 13. Explained to individual what is to be done. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 15. Put on gloves. <input checked="" type="checkbox"/> 16. Observed ears and notified PL/DC of any unusual condition prior to administration. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 18. Had individual remain in the required position for two to three minutes. <input checked="" type="checkbox"/> 19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain. <input checked="" type="checkbox"/> 20. Repeated procedure for other ear, if necessary. <input checked="" type="checkbox"/> 21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container. <input checked="" type="checkbox"/> 22. Returned medication to locked area. <input checked="" type="checkbox"/> 23. Disposed of used supplies. <input checked="" type="checkbox"/> 24. Washed hands. 	<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose	<ul 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 dosage and route errors and to straighten ear canal for most effective administration. 18. To keep medication from dripping out of ear. 19. To wipe away any excess medication. 20. To administer medication as ordered. 21. To prevent contamination of the medication. 22. To ensure individual safety, medications are kept locked. 23. To clean the area. 24. To prevent the spread of disease.
<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication						
<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time						
<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose						

April 2021

(Trainer: Abdifatah Muhumed)

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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> <table border="0" style="margin-left: 40px;"> <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> <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.</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. 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.</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>	✓ Right Individual	✓ Right Medication	✓ Right Date	✓ Right Time	✓ Right Route	✓ 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 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 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>
✓ Right Individual	✓ Right Medication						
✓ Right Date	✓ Right Time						
✓ Right Route	✓ Right Dose						

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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

ORAL LIQUID MEDICATIONS	RATIONALE
<ul style="list-style-type: none"><input checked="" type="checkbox"/> 1. Washed hands.<input checked="" type="checkbox"/> 2. Unlocked medication cabinet.<input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.<input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.<input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.<input checked="" type="checkbox"/> 6. Checked for allergies to medication.<input checked="" 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"><input checked="" type="checkbox"/> Right Individual <input checked="" type="checkbox"/> Right Medication<input checked="" type="checkbox"/> Right Date <input checked="" type="checkbox"/> Right Time<input checked="" type="checkbox"/> Right Route <input checked="" type="checkbox"/> Right Dose<input checked="" type="checkbox"/> 8. Checked expiration date.<input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.<input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time.<input checked="" type="checkbox"/> 11. Shake the medication if it is a suspension.<input checked="" type="checkbox"/> 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.<input checked="" type="checkbox"/> 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap.<input checked="" type="checkbox"/> 14. Compared medication label against individual's medication sheet for the 3rd time.<input checked="" type="checkbox"/> 15. Identified individual prior to administration of medication.<input checked="" type="checkbox"/> 16. Explained to individual what is to be done.<input checked="" type="checkbox"/> 17. Administered correct dose of medication according to directions and in the appropriate container.<input checked="" type="checkbox"/> 18. Remained with individual until medication is swallowed.<input checked="" type="checkbox"/> 19. Returned medication to locked area.<input checked="" type="checkbox"/> 20. Disposed of used supplies.<input checked="" type="checkbox"/> 21. Washed hands.<input checked="" type="checkbox"/> 22. Charted medication administered correctly.	<ul 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 ensure even dispersion of medication.12. To ensure correct dose is poured, label is easy to read and preserved, and correct administration procedures are followed. 13. To maintain cleanliness of bottle. 14. To verify accuracy of 2nd check. 15. To avoid giving medication to the wrong individual. 16. To ensure individual understands medication procedure.17. To follow correct procedure for administration. 18. To ensure entire dose is taken.19. To ensure individual safety, medications are kept locked.20. To clean the area.21. To prevent the spread of disease.22. To follow policy and procedure on medication administration and documentation.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TABLET/CAPSULE, LOZENGE MEDICATIONS	RATIONALE						
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Washed hands. <input checked="" type="checkbox"/> 2. Unlocked medication cabinet. <input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered. <input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration. <input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <input checked="" type="checkbox"/> 6. Checked for allergies to medication. <input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <table style="margin-left: 20px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Right Individual</td> <td><input checked="" type="checkbox"/> Right Medication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Date</td> <td><input checked="" type="checkbox"/> Right Time</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Route</td> <td><input checked="" type="checkbox"/> Right Dose</td> </tr> </table> <input checked="" type="checkbox"/> 8. Checked expiration date. <input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet. <input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 12. Compared medication label against individual's medication sheet for the 3rd time. <input checked="" type="checkbox"/> 13. Identified individual prior to administration of medication. <input checked="" type="checkbox"/> 14. Explained to individual what is to be done. <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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 17. Returned medication to locked area. <input checked="" type="checkbox"/> 18. Disposed of used supplies. <input checked="" type="checkbox"/> 19. Washed hands. <input checked="" type="checkbox"/> 20. Charted medication administered correctly. 	<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose	<ul 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 follow correct and sanitary procedures for medication administration. 12. To verify accuracy of 2nd check. 13. To avoid giving medication to the wrong individual. 14. To ensure individual understands medication procedure. 15. To administer medication as ordered. 16. To ensure entire dose is taken. 17. To ensure individual safety, medications are kept locked. 18. To clean the area. 19. To prevent the spread of disease. 20. To follow policy and procedure on medication administration and documentation.
<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication						
<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time						
<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose						

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TOPICAL/TRANSDERMAL SKIN MEDICATIONS	RATIONALE						
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Washed hands. <input checked="" type="checkbox"/> 2. Unlocked medication cabinet. <input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered. <input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration. <input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <input checked="" type="checkbox"/> 6. Checked for allergies to medication. <input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <table style="margin-left: 20px; border: none;"> <tr> <td><input checked="" type="checkbox"/> Right Individual</td> <td><input checked="" type="checkbox"/> Right Medication</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Date</td> <td><input checked="" type="checkbox"/> Right Time</td> </tr> <tr> <td><input checked="" type="checkbox"/> Right Route</td> <td><input checked="" type="checkbox"/> Right Dose</td> </tr> </table> <input checked="" type="checkbox"/> 8. Checked expiration date. <input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet. <input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time. <input checked="" type="checkbox"/> 11. Compared medication label against individual's medication sheet for the 3rd time. <input checked="" type="checkbox"/> 12. Identified individual prior to administration of medication. <input checked="" type="checkbox"/> 13. Explained to individual what is to be done. <input checked="" type="checkbox"/> 14. Positioned individual if indicated. <input checked="" type="checkbox"/> 15. Observed body area(s) and notified RN of any unusual conditions prior to administration. <input checked="" type="checkbox"/> 16. If indicated, washed and dried affected area. <input checked="" type="checkbox"/> 17. Put on gloves. <input checked="" type="checkbox"/> 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." 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. <input checked="" type="checkbox"/> 19. Replaced cap on container and avoided contact with other surfaces. <input checked="" type="checkbox"/> 20. Disposed of used supplies. <input checked="" type="checkbox"/> 21. Returned medication to locked cabinet. <input checked="" type="checkbox"/> 22. Washed hands. <input checked="" type="checkbox"/> 23. Charted medication administered correctly. 	<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication	<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time	<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose	<ul 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 been 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 provide comfort and to gain access to correct body area. 15. To notify RN of conditions to be monitored. 16. To enhance absorption of the medication. 17. To avoid staff absorption of the medication. 18. To administer medication as ordered and to verify date and person who administered the dose. 19. To avoid spillage of medication and to prevent contamination of medication. 20. To clean the area. 21. To ensure individual safety, medications are kept locked. 22. To prevent the spread of disease. 23. To follow policy and procedure on medication administration and documentation.
<input checked="" type="checkbox"/> Right Individual	<input checked="" type="checkbox"/> Right Medication						
<input checked="" type="checkbox"/> Right Date	<input checked="" type="checkbox"/> Right Time						
<input checked="" type="checkbox"/> Right Route	<input checked="" type="checkbox"/> Right Dose						

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

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

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<input type="checkbox"/> 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.
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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

RECTAL MEDICATIONS	RATIONALE
<input checked="" type="checkbox"/> 1. Washed hands.	1. To prevent the spread of disease.
<input checked="" type="checkbox"/> 2. Unlocked medication cabinet.	2. To ensure individual safety, medications are kept locked.
<input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.	3. To review correct medication orders.
<input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.	4. To be organized.
<input checked="" type="checkbox"/> 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.
<input checked="" type="checkbox"/> 6. Checked for allergies to medication.	6. To avoid giving medication that a person is allergic to.
<input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <input checked="" type="checkbox"/> Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose	7. To prevent medication errors.
<input type="checkbox"/> 8. Checked expiration date.	8. To avoid administering ineffective medication.
<input type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.	9. To know what steps to take.
<input type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2 nd time.	10. To verify accuracy of 1 st check.
<input type="checkbox"/> 11. Checked label on medication container for the 3 rd time.	11. To verify accuracy of 2 nd check.
<input type="checkbox"/> 12. Identified individual prior to administration of medication.	12. To avoid giving medication to the wrong individual.
<input type="checkbox"/> 13. Explained to individual what is to be done.	13. To ensure individual understands medication procedure.
<input type="checkbox"/> 14. Staff put on double gloves.	14. To prevent the spread of disease.
<input type="checkbox"/> 15. Have individual lay down on left side with top leg flexed.	15. To ensure most effective position for proper administration.
<input type="checkbox"/> 16. Remove protective foil from suppository or tip from disposable enema.	16. To ensure medication can be released.
<input type="checkbox"/> 17. Lubricate suppository or tip of enema with water-soluble lubricant.	17. To allow for easier and more comfortable insertion.
<input type="checkbox"/> 18. Encourage relaxation by instructing to breathe slowly through mouth.	18. To help muscles relax.
<input type="checkbox"/> 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.	19. To follow correct procedure for administration and allow time for medication to work properly.
<input type="checkbox"/> 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.	20. To follow correct procedure for administration and allow time for medication to work properly.
<input type="checkbox"/> 21. Withdraw enema tip/gloved finger from the rectum, place heel of hand against anus until the urge to expel has subsided.	21. To follow correct procedure for administration and allow time for medication to work properly.
<input type="checkbox"/> 22. Dispose of used supplies.	22. To clean the area.
<input type="checkbox"/> 23. Returned medication to locked area.	23. To ensure individual safety, medications are kept locked.
<input type="checkbox"/> 24. Wash hands.	24. To prevent the spread of disease.

April 2021

SKIP

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<p><input checked="" type="checkbox"/> 25. Charted medication administered correctly.</p> <p>Additional Training Items:</p> <p><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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><input checked="" type="checkbox"/> 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>
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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

- | | |
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| <ul 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:<ul style="list-style-type: none">✓ Right Individual✓ Right Date✓ Right Route✓ 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. Checked label on medication container for the 3rd time.✓ 12. Identified individual prior to administration of medication.✓ 13. Explained to individual what is to be done.✓ 14. Staff put on double gloves.✓ 15. Have individual lay down on left side with top leg flexed.✓ 16. Remove protective foil from suppository or tip from disposable enema.✓ 17. Lubricate suppository or tip of enema with water-soluble lubricant.✓ 18. Encourage relaxation by instructing to breathe slowly through mouth.✓ 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.✓ 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.✓ 21. Withdraw enema tip/gloved finger from the rectum, place heel of hand against anus until the urge to expel has subsided.✓ 22. Dispose of used supplies.✓ 23. Returned medication to locked area.✓ 24. Wash hands. | <ul 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 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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April 2021

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