

Medication Administration Certification Checklist

Revised 3/8/2010

☐ Initial Certification

☐ Recertification

Staff Name: _____

Date of Completion: _____

| Equipment: | S/U | S/U | S/U | Comments: |
|---|--------------------------|--------------------------|--------------------------|-----------|
| Medication Administration Record & related documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drug formulary/Nursing Drug Reference/Client Med Specifics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Water/Yogurt/Applesauce as indicated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Med cups/measuring spoons for liquids & powders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Gloves for topical applications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Preparations: | | | | |
| Hands washed initially & between each person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ensure no interruptions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Summon individual to med room, where applicable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Select the Correct Medication, Dose Time, Route: | | | | |
| Read MAR aloud/compare to pharmacy label x3 before admin: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Before removing from container from med cabinet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Before pouring the prescribed amount of medication | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Before administering to the consumer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pour the Accurate Dose: | | | | |
| Prepares each persons medication separately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Liquids</i> – shake well if solution has settles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pour at eye level & confirm accuracy on a level surface | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pour directly from bottle from side opposite label | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Drops</i> – Measure accurately (if ordered) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Tablets</i> – From blister pack to med cup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| From vial to container cap to med cup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Topicals</i> – Use gloves appropriately, washing hands afterward | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Applies as ordered (thin layer, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Returns medication to cabinet separated appropriately | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Administration: | | | | |
| Right person – identify person & check name against MAR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Explain procedure to the person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Check pulse & blood pressure if indicated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hand medication & water to the person, assisting as needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Administers oral medication to person when standing/sit upright | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Remain with person until medication is taken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Observe for reaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation: | | | | |
| MAR & PRN Record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Initial Code Record | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Controlled Substance Record (CSR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medication Count Sheet, when indicated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Blister Pack Signed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medication Disposal Record, if necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Keys Stored per Regulation & House Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (House Specific): | | | | |
| | | | | |

- YES ☐ NO ☐ Has passed written re-certification exam successfully?
- YES ☐ NO ☐ Has met all requirements toward infection control/vital signs – annual review?
- YES ☐ NO ☐ Review of medication errors/status over past year completed by RN?
- YES ☐ NO ☐ Training for additional special procedures (G-tube, Colostomy, etc) has been successfully Completed (Please list here: _____)
- YES ☐ NO ☐ Remediation/further training required? If yes, please describe on back of this form.

RN Signature

Staff Member Signature

Staff Medication Administration Certification Policy

Revised 6/2003

1. Coordination Responsibilities:

It is the responsibility of the Nursing Coordinator to assure the completion of medication certifications for each employee working under their assigned caseload. This includes the initial certification sessions required immediately upon course completion and the re-certifications required on an ongoing annual basis.

Per Diem staff members will have their medication administration certification completed by the RN that is assigned to the staff member's primary (most frequently worked) residence.

2. Procedures and Paperwork:

- a) Upon the 2nd to 3rd day of the current medication course, the Course Instructor will identify for each student their assigned RN who will conduct the clinical aspect of the certification. The Student is then expected to contact their assigned RN in order to schedule a date/time for completion of the pourings.
- b) Upon completion of the medication administration course, the RN will wait no longer than 2 working days for the student contact her in scheduling med-certification pourings. If the student has not contacted the assigned RN by the end of the 2nd day – the RN will initiate contact with the student.
- c) The RN completes training & pourings with assigned student within 30 days of course completion.
- d) The RN will submit all completed paperwork to the main office (Stephanie Street) to be filed within each staff members individual training records. Paper work includes the initial "OMRDD Certification Form" and the annual "Medication Administration Checklist" utilized for ongoing re-certifications.

2. Re-certification Procedures:

- a) The main office training support person (Stephanie Street) will keep track of annual re-certification training needed for all staff members.
- b) Stephanie Street will submit a quarterly report of refresher needs to all Res-Hab Managers.
- c) When each re-certification is completed, the attending RN will provide their signature to the "*Medication Administration Checklist*," which will be maintained & filed at the main office with Stephanie Street.

3. Infection Control/Blood Borne Pathogen Annual Refresher Training:

As a routine procedure of Living Resources, the Nurse will provide a refresher training on Infection Control (see curriculum) to each staff member upon the same period of time that the staff member is being re-certified for the administration of medications. This training in Infection Control is documented on the *Medication Administration Checklist*.

3. Specialized Training Needs:

Other special procedure trainings will be completed on at least an annual basis as applicable to the program site (g-tube, colostomy, etc.) and documented also on the *Medication Administration Checklist*.