

Medication Assistance Competency Checklist

Proxy Caregiver: _____

Initial Training Date: _____

Resident: _____

Facility Name: _____

The unlicensed staff must (without prompting or error) demonstrate the following skills or tasks in accordance with the guidelines on the attachments with 100% accuracy to a registered nurse, physician's assistant, physician, or pharmacist. Competency validation by the registered nurse or pharmacist is to be in accordance with their occupational licensing laws.				
Skills/Tasks	Satisfactory Completion Date	Instructor Signature	Needs Additional Training	Instructor Signature
1. Requirements:				
A. Received orientation to policies and procedures on how the facility handles medications.				
B. Received orientation to Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities				
C. Proxy caregiver is identified specifically in the Informed Consent signed by the disabled resident (or authorized representative) as permitted to provide medication assistance activities.	*Attach Copy of signed Informed Consent			
D. Received orientation to the written plan of care specific to medication assistance.				
E. Completed Test of Functional Health Literacy for Adults (TOFHLA) with a minimum score of 75.	TOFHLA Score: _____			
2. Basic Medication Administration Information and Medical Terminology				
A. Matched common medical abbreviations with their meaning.				
B. Listed/described common dosage forms of medications and routes of administration.				
C. Listed the 5 RIGHTS of medication assistance.				
D. Described what constitutes a medication error and actions to take when a medication error is made or detected.				
E. Described resident's rights regarding medication; i.e. refusal, privacy, consent, respect.				
F. Defined medication allergy.				
G. Demonstrated the use of medication information resources and references.				
3. Medication Orders (Refer to attachment)				
A. Listed or recognized the components of a complete medication order.				
B. Transcribed orders onto the MARs: 1. Used proper abbreviations. 2. Calculated stop dates correctly. 3. Transcribed PRN order appropriately. 4. Copied orders completely and legibly and/or checked computer sheets against orders and applied to MAR. 5. Discontinued orders properly.				

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C. Described responsibility in relation to receiving medication orders.				
D. Described responsibility in relation to admission and readmission orders.				
E. Described/demonstrated the process for ordering/receiving medications.				
F. Identified required information on the medication label.				
4. Demonstrated appropriate technique to obtain and record the following:				
A. Blood Pressure				
B. Temperature				
C. Pulse				
D. Respirations				
E. Fingertick Glucose Monitoring (Only required to be validated if the proxy caregiver will be performing this task.)				
5. Assistance with Medications				
A. Identified resident				
B. Gathered appropriate equipment and keeps equipment clean				
C. MAR utilized during medication assistance and also when medications are prepared or poured				
D. Read the label 3 times; Label is checked against order on MAR				
E. Used sanitary technique when pouring and preparing medications into appropriate container				
F. Offered sufficient fluids with medications				
G. Observed resident taking medications and assures all medications have been swallowed.				
H. Assisted /provided medications at appropriate time.				
6. Utilized Special Assistance or Monitoring Techniques as indicated (vital signs, crush meds, check blood sugar, mix with food or liquid)				
7. Administered medications at appropriate time.				
8. Described methods used to monitor a resident's condition and reactions to medications and what to do when there appears to be a change in the resident's condition or health status.				

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9. Utilized appropriate hand-washing technique and infection control principles during medication pass.				
10. Documentation of Medication Administration				
A. Initialed the MAR immediately assisting with the medications and prior to assisting another resident. Equivalent signature for initials is documented				
B. Appropriately documented medications that are refused, held, or not provided.				
C. Assisted and documented PRN medications appropriately. <u>*PRN medication orders must include identifiable resident behaviors or symptoms which would trigger the need for the medication and contain specific dosing. PRN medications must be specifically authorized in the written plan of care.</u>				
D. Recorded information on other facility forms as required.				
E. Wrote a note in the resident's record when indicated.				
11. Completion of Medication Pass:				
A. Completed medication passes ONLY for those residents for whom the staff member has been designated as proxy caregiver.				
B. Stored medications properly.				
C. Disposed of contaminated or refused medications properly.				
D. Rechecked MARs to make sure all medications were received by resident.				
12. Medication Storage:				
A. Maintained security of medications during medication assistance.				
B. Stored controlled substances appropriately. Counted and signed controlled substances per facility policy.				
C. Assured medication room, cart, cabinet or other storage arrangement is locked when not in use.				
13. Provided medication assistance using appropriate technique for dosage amount, form, and route accurately for the following:				
A. Oral tablets and capsules				
B. Oral liquids				
C. Sublingual medications				
D. Oral Inhalers				
E. Eye Drops and ointments				

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F. Ear drops				
G. Nose drops				
H. Nasal Sprays/Inhalers				
I. Transdermal medications/Patches				
J. Topical Creams and Ointments (NOT DRESSING CHANGES)				
K. Clean Dressings	*Attach Skills Competency Validation Checklist and training documentation for application of dressings. <u>Irrigating or use of any debriding agent used in the treatment of skin conditions is prohibited by CHAPTER 111-8-100-.05(7)(e) RULES AND REGULATIONS FOR PROXY CAREGIVERS USED IN LICENSED HEALTHCARE FACILITIES</u>			
L. Nebulizer Monitoring (Only required to be validated if the proxy caregiver will be performing this task.)				
M. Suppositories 1. Rectal 2. Vaginal				
N. Subcutaneous Injections Has completed separate Skills Competency Validation for specific injectable medication regimen. Insulin and Sliding Scale Insulin Orders must have set parameters that do not require calculation and must include instructions on when to notify physician. (Only required to be validated if the proxy caregiver will be performing this task.)	*Attach Skills Competency Validation Checklist for injections. <u>Administration of ANY intravenous medications and the first dose of any subcutaneous or intramuscular injection is prohibited by CHAPTER 111-8-100-.05(7)(c) RULES AND REGULATIONS FOR PROXY CAREGIVERS USED IN LICENSED HEALTHCARE FACILITIES</u>			

COMMENTS: _____

Proxy Caregiver Signature: _____ Date: _____

Signature of Trainer: _____ Date: _____

(Registered Nurse/Physician's Assistant/Pharmacist/Physician)

Medication Assistance Skills Competency Updates

