

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **Section 1: Basic Medication Administration Information and Medical Terminology**

A.

Match common medical abbreviations with their meaning

B.

List/Describe common dosage forms of medications and routes of administration

C.

List the 6 rights of medication administration

### **Section 1:**

**The employee must be knowledgeable of at least:**

A.

The common abbreviations on ATTACHMENT A. The employee is to be familiar with the common medical abbreviations and be able to find a list when needed. Follow facility policies and procedures on abbreviations.

B.

The common dosage forms and routes of administration on ATTACHMENT A & B. The employee is to be familiar with the common dosage forms. Medications are available as different dosage forms, e.g., tablets, capsules, liquids, suppositories, topicals that include lotions, creams, ointments and patches, inhalants and injections. An order is to indicate the route of administration. Some medications may come in several dosage forms. An example is Phenergan. It is available in tablet, liquid, suppository and injectable.

C.

Six Rights of Medication Administration:

- 1.Right Resident
- 2.Right Medication
- 3.Right Dose
- 4.Right Route
- 5.Right Time
- 6.Right Documentation

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D.

Describe what constitutes a medication error and actions to take when a medication error is made or detected

E.

Describes resident's rights regarding medications, i.e., refusal, privacy, respect

D.

A medication error occurs when a medication is not administered as prescribed. Examples of medication errors include: omissions; administration of a medication not prescribed by the prescribing practitioner; wrong dosage; wrong time, wrong route; crushing a medication that shouldn't be crushed; and documentation errors. The employee must be able to explain the facility's medication error policy and procedure or at least be knowledgeable of where to find it. The procedure is to include who to notify, i.e., supervisor and health professional and forms to complete. The employee is to be able to recognize medication errors. The employee needs to understand that recognizing medication errors and acting quickly to correct them will help prevent a more serious problem. Follow the facility's policies and procedures regarding medication errors.

E.

Medication administration can effect a resident's rights which include, but not limited to, the following:

1.

Respect – How the resident is addressed; The resident should not be interrupted while eating for the administration of medications such as oral inhalers and eye drops. The resident should not be awakened to administer a medication that could be scheduled or administered at other times; Explain to the resident the procedure that the employee is about to perform; Answer questions the resident may have about the medication.

2.

Refusal – The resident has a right to refuse medications. A resident should never be forced to take a medication. The facility should have a policy and procedure to be followed when residents refuse medications. The policy and procedure is to ensure the physician is notified timely (based on the resident's mental and physical condition and the medication).

## Guidelines for Completing the Medication Administration Clinical Skills Checklist

<p>F. Define medication “allergy” and describe responsibility in relation to identified allergies and suspected allergic reactions</p> <p>G. Demonstrate the use of medication resources or references</p>	<p>3. Privacy – Knock on closed doors before entering; Do not administer medications when the resident is receiving personal care or in the bathroom; Administration of injections outside the resident’s room is not acceptable if the resident receiving the injection or other residents present are offended by this; Administration of medications requiring privacy, e.g., vaginal and rectal administrations, dressing changes and treatments requiring removal of clothing.</p> <p>4. Chemical Restraint Medications, especially psychotropics, are not to be administered for staff convenience.</p> <p>F. Medication Allergy: a reaction occurring as the result of an unusual sensitivity to a medication or other substance. The reaction may be mild or life-threatening situation. These may include rashes, swelling, itching, significant discomfort, or an undesirable change in mental status, which should be reported to the physician. A severe rash or life-threatening breathing difficulties require immediate emergency care. The employee should understand that information on allergies should be reported to the pharmacy and physician and this information is recorded in the resident’s record. Upon admission, it is important to document any known allergies. If there are no known allergies, this should be indicated also.</p> <p>G. The employee should be familiar with medication resources or references, including the facility’s policy and procedure manual, and be able to find information. Resources written for non-health professionals, including information sheets from the pharmacy, are recommended instead of references written for health professionals, such as the PDR.</p>
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## Guidelines for Completing the Medication Administration Clinical Skills Checklist

### Section 2: Medication Orders

A.

List/Recognize the components of a complete medication order

B.

Describe or demonstrate the process for ordering medications and receiving medications from pharmacy

### Section 2

A.

Components of a complete order:

1. Medication name;
2. Strength of medication (if one is required);
3. Dosage of medication to be administered;
4. Route of administration;
5. Specific directions for use, including frequency of administration; and,
6. PRN or “as needed” orders must also clearly state the reason for administration

Orders for psychotropic medications prescribed for “PRN” administration must include symptoms that require the administration of the medication, exact dosage, exact time frame between dosages and maximum dosage to be administered in 24-hour period. Example: Ativan 0.5 mg. by mouth every 4 hours PRN for pacing or agitation. Physician is to be contacted if more than 4 doses are needed in 24-hour period.

B.

The employee should be knowledgeable of the facility’s procedures on ordering medications, including refills, procedures for emergency pharmaceutical services and on receiving medications when delivered from the pharmacy. The facility is to be able to account for medications administered by staff; therefore, the facility is to have procedures to ensure that dispensing information, i.e., date, name, strength, and quantity of medication, can be readily available. For situations such as admissions when the resident or responsible party brings medications into the facility, the name, strength, and quantity of medication brought in should be documented.

## Guidelines for Completing the Medication Administration Clinical Skills Checklist

C.

Identify required information on the medication label

### **Section 3 : Using appropriate technique to obtain and record the following:**

A.

Blood Pressure

B.

Temperature

C.

The employee has to be able to identify the following information on the label: medication name and strength; quantity dispensed and dispensing date; directions for use; the pharmacy that dispensed the medication and the prescription number; and expiration date. The employee should understand the difference between generic and brand names and know that an equivalency statement should be on the medication label when the brand dispensed is different from the brand prescribed. The employee should also know labeling requirements for over-the-counter (OTC) medications, according to the facility policy and procedures.

### **Section 3**

A.

Blood Pressure (B/P) – The employee is to know how to check a blood pressure by using the facility's blood pressure device. If electronic machines are used, the employee should understand that the device needs to be checked for accuracy according to the manufacturer's recommendations. The instructor needs to indicate on the checklist how the employee obtained the resident's blood pressure, i.e., electronically or manually with a stethoscope and blood pressure cuff. The employee should know that blood pressure cuffs that are too small or large for the resident's arm might result in an inaccurate reading. Ranges for high and low blood pressures that indicate the resident's blood pressure should be reported are to be established by the facility's policy or physician's order.

B.

Temperature (T or TEMP.) – The employee should know how to obtain the resident's temperature using the facility's thermometer: i.e., electronic, glass or tympanic. The employee should know the normal oral temperature and that temperature is measured using either the Fahrenheit or Celsius scale. Normal oral temperature is 36.5 – 37.5 degrees Celsius or 96.7 – 99.6 degrees Fahrenheit. The employee should know that activity, food, beverages and smoking all affect body temperature.

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C.  
Pulse

C.

Pulse – Number of heartbeats counted in one full minute. The employee should know how to take a radial (heart rate measured at the thumb side of the inner wrist) and apical pulse (heart rate measured directly over the heart using a stethoscope). A pulse may be obtained by using an electronic device. Normal range is 60 to 100 beats/minute.

D.  
Respirations

D.

Respirations (R) – Number of breaths a person takes per minute. The normal range is 10 to 24 breaths per minute. One full breath is counted after the resident has inhaled and exhaled. The most accurate rate is taken when the resident is not aware that his/her respirations are being monitored.

E.  
Fingersticks/Glucose Monitoring (Only required to be validated if the employee will be performing this task.)

E.

The employee is to know how to provide assistance with the residents' glucose monitoring devices, including calibrating and cleaning the device. The range of the glucose-monitoring device should be posted with the MARs or available for staff for reference. Since ranges for the devices vary, the facility should have procedures developed for when the blood sugar reading is low or high. The employee is to be knowledgeable of the procedures and know where to locate the information if needed. The employee is to be knowledgeable of infection control measures such as wearing gloves, disposal of lancets in sharps container and the difference between multi-use devices and ones not for multi-use.

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **Section 4: Administration of Medications**

A.

Identify resident

B.

Gathered appropriate equipment and keeps equipment clean

### **Section 4**

A.

The employee is to know the procedures for identifying residents. The most common method used is photographs of residents in the medication administration records. The photos should be kept updated and the photograph is to have the name of the resident on it. Relying on other staff to identify residents is not the preferred way of validating a resident's identity.

B.

This will depend on the medications to be administered. Supplies/equipment to have for medication administration need to include at least the following:

1.

Medication administration records

2.

Medication cups for oral medications, i.e., liquids and tablets

3.

Sufficient fluids available to administer medications

4.

Food substance, i.e., applesauce or pudding, if needed.

5.

If soap and water is not available for washing hands, an appropriate antiseptic is to be available for use.

Supplies and equipment used in the process of administering medications is to be kept clean and orderly, i.e., medication carts trays and pill crusher.

## Guidelines for Completing the Medication Administration Clinical Skills Checklist

C.

Medication administration records utilized when medications are prepared and administered. They are also used when medications are pre-poured, if pre-pouring is allowed.

D.

Read the label 3 times; Check label against order on the medication administration record

E.

Use sanitary technique when pouring or preparing medications into the appropriate container

C.

Employee is to use the medication administration record when administering medications.

D.

Reading the label - The employee should compare the label to the MAR 3 times:

1.

When selecting the medication from the storage area

2.

Prior to pouring the medication

3.

After pouring and prior to returning the medication to the storage area.

The information on the MAR and the medication label should match, unless there has been a change in the directions. The employee is to be familiar with the facility's policy on direction changes. A medication label can only be changed or altered by the dispensing practitioner.

E.

Medications are not to be touched or handled by the employee's hands. Medications in assisted living communities must be delivered to the residents using unit or multi-dose packaging. Medications are to be poured from the medication container into a resident's hand an appropriate medication container, or cup and given to the resident. (This is referring to the facility not having adequate or appropriate supplies or the employee not using the supplies to administer medications. This is not referring to residents pouring the medication, e.g., tablet, or wanting the medication poured into their hands.)



## Guidelines for Completing the Medication Administration Clinical Skills Checklist

F.  
Offer sufficient fluids with medications

G.  
Observe resident taking medications and assures all medications have been swallowed.

**Section 5: Utilized Special Administration/Monitoring Techniques as indicated(vital signs, crush medications, check blood sugar, mix with food or liquid)**

F.  
The resident should be offered sufficient fluids following the administration of medications even if the medication is administered in a food substance.

G.  
The employee is to observe the resident taking the medication to assure the medication is swallowed. This must be before documenting the administration of the medications.

### **Section 5**

The employee is to be knowledgeable of the facility's policy on crushing medications and mixing medications in food. ALC rules prohibit the crushing of medications unless there is a specific doctor's order authorizing the medication to be crushed. A current list of medications that should not be crushed may be available for staff to use or facility policy should require that no medications be crushed prior to checking with the pharmacist. Medications are not crushed until immediately before the medications are administered to a resident.

One of the objectives with crushing medications is to avoid cross-contamination. Facilities may use different devices to crush medications. The most common method is using a pill crusher and crushing the medications using two medication soufflé cups. If the medications are unit dose, the employee may crush the medication in the unit dose package and empty into a medication cup. If the facility uses a device such as a mortar and pestle, and the residue from the medications is present, the device has to be cleaned thoroughly before crushing another resident's medications.

When a vital sign, i.e., pulse or blood pressure, is to be obtained prior to the administration of a medication, the employee should have the results prior to preparing the medications for administration.

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### **Section 6: Administer medications at the appropriate time**

### **Section 7: Describe 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**

### **Section 8: Utilize appropriate hand-washing technique and infection control principles during medication pass**

### **Section 6:**

The employee is to be knowledgeable of what “before meals”, “after meals” and “with meals” mean. Medications prescribed before meals are generally to be administered about 30 minutes prior to the resident eating. When the medications are prescribed to be administered with or after meals, the medication is to be administered sometime after the resident has started eating up to 60 minutes after the resident has finished eating. The employee also has to be knowledgeable of the time period allowed by state regulations to administer medications, one hour prior to and one hour after the scheduled administration time. The employee must know that this does not apply to medications prescribed for administration in accordance with meals or for medications such as insulin.

### **Section 7**

The employee should know that there are various side effects of medications. Side effects of medications include but not limited to the following: change in behavior, change in alertness, change in eating or swallowing, change in mobility and skin rashes. When there is a change in the resident, the employee is to follow the facility's policy on what to do which may include the following: using a medication reference and looking up possible side effects of a medication, asking the resident how he or she is feeling, observing the resident, and notifying the supervisor or a health professional. The employee is to know that information regarding the resident's behavior and action taken should be documented.

### **Section 8**

Standard or Universal Precautions are to be implemented. This includes employees wearing gloves when there may be exposure to bodily fluids. The employee is to be knowledgeable of when to wear gloves and when to change gloves. Handwashing should be with soap and water. When soap and water is not readily available, an antiseptic gel or product must be used in place of soap and water. Handwashing is required when there has been contact with the resident's body or bodily fluids during the administration of medications. Gloves should be worn and handwashing

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **Section 9 – Documentation of Medication Administration**

A.

Initial the MAR immediately after the medications are administered and prior to the administration of medications to another resident. Equivalent signature for initials is documented.

B.

Document medications that are refused, held or not administered, appropriately

must also be done when transdermal products, i.e., Nitroglycerin or Duragesic patches, are applied or removed.

### **Section 9**

A.

The employee is to sign the MAR only after observing the resident take the medications. Pre-charting is not permitted and this includes signing the MAR any time prior to the medications being administered. The MAR is to be signed immediately after the medications are administered and prior to the administration of the next resident's medications. The employee is also to document an equivalent signature to correspond with the initials used on the MAR.

B.

The facility is to have procedures to ensure that there is a consistent method of documenting why a medication was not administered. The employee is to be knowledgeable of the facility's policy and procedures. If the facility uses abbreviations such as "R" or "H," there is to be documentation on the medication administration record of the abbreviation and what the abbreviation stands for. The facility may have staff circle their initials and document the reason a medication was not administered on the back of the MAR.

The employee is also to be knowledgeable of the facility's policy when a resident refuses medications, i.e., notifying the supervisor or physician.

If the medications are not administered because the resident is out of the facility, i.e., leave of absence and workshops, there should also be documentation of the medications sent with the resident. (A medication release form is often used for leave of absence.) Follow facility policy on medications leaving the facility with the resident.

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

C.  
Administer and document PRN medications appropriately

D.  
Record information on other facility forms as required

E.  
Write a note in the resident's record when indicated

C.  
Documentation of PRN medications is to include the amount administered, the time of administration, and the reason for administration. The reason a PRN medication is to be administered must be indicated in the orders. The effectiveness of the medication must also be documented once it is determined. A different employee, depending on the time of administration and shift schedules may record the effectiveness of the medication. If a resident is requesting or requiring administration of a PRN medication on a frequent or routine basis, the employee should report this to the supervisor or the physician per facility policy. PRN medications are to be administered when a resident needs the medication but may not be administered more frequently than the physician has ordered. The need for medication may be based upon the resident's request for the medication or observation by staff, i.e., resident exhibiting pain but does not request medications or may not be able to request the medication.

D.  
The forms to be completed would depend on the facility's policy and procedures. The employee is to be knowledgeable of forms to complete, i.e., administration of controlled substances and documentation of medications provided for leave of absence.

E.  
Any contact with the prescribing practitioner is documented in the resident's record. The employee needs to be knowledgeable of how to write a note in the resident's record appropriately, i.e., date and employee's signature. The employee also must be knowledgeable of the facility's procedures for documenting information that needs to be communicated to other staff or health professionals or family members. This may be in the resident's record or on some other document used to communicate with staff or health professionals.

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **Section 10: Completion of Medication Pass**

A.

Store medications properly

B.

Dispose of contaminated or refused medications per policy

C.

Recheck medication administration records to make sure all medications are administered and documented

### **Section 10**

A.

External and internal medications are to be stored in separate designated areas. The employee should store refrigerated medications in the medication refrigerator or locked container. Medications requiring refrigeration are to be stored at 36 degrees F to 46 degrees F (2 degrees C to 8 degrees C).

A resident's oral solid medications should be stored together and separated from other residents' medications. It may not be possible for other medications, i.e., liquids and topical medications, to be separated by dividers for each resident. Medication storage areas need to be orderly so medications may be found easily.

B.

Dosages of medications that have been opened and prepared for administration and not administered for any reason should be disposed of promptly. The disposal of these medications should be in accordance with the facility's policy and procedures. Loose medications are not to be kept in the facility or returned to the pharmacy.

C.

When the medication pass is complete, the employee is to recheck the medication administration records to make sure all medications have been administered and documented appropriately. At the end of the medication pass if a medication is not signed off upon recheck of the medication administration record, and the employee is certain the medication was administered, it is acceptable for the employee to document the administration. This is acceptable when there are only a few, i.e., one or two, omissions. It is not acceptable for the employee to have omitted documentation of the administration of medications for multiple residents.

## Guidelines for Completing the Medication Administration Clinical Skills Checklist

### Section 11: Medication Storage

A.

Maintain security of medications during medication administration

B.

Store controlled substances appropriately and count and sign controlled substances per facility policy

C.

Assure medication room/cart/cabinet is locked when not in use

### Section 11

A.

**Medications are to be stored in a locked area, unless the medications are under the direct supervision of staff. Direct supervision means the cart is in sight and the staff person can get to the cart quickly, if necessary to prohibit unauthorized access.**

B.

The storage of controlled substances is to be in accordance with the facility's policy and procedures. Controlled substances may be stored in one location in the medication cart or medication room. When Schedule II medications are stored in one location together or with other controlled substances, the controlled substances are to be under double lock. When controlled substances, including Schedule II, are stored with the resident's other medications, only a single lock is required. There has to be a readily retrievable record of controlled substances by documenting the receipt, administration, and disposition of controlled substances. The employee is to be knowledgeable of any forms to be completed. **Follow the facility's policy and procedures on administration of controlled substances.**

C.

Medication room/cart/cabinet is locked when not in use. Unless the medication storage area is under the direct supervision of staff, the medication area including the cart is to be locked. When the medication cart is not being used, it should be stored in a locked area or stored in an area where it is under the supervision of staff.

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

**Section:12: Administer medication utilizing appropriate technique for dosage form/route and administer accurate amount**

**A. Oral tablets and capsules  
B. Oral liquids**

### **Section 12**

The employee is to actually perform or at least be able to demonstrate to the instructor the proper technique for administering the different dosage forms and routes of administration for A through J prior to the employee being assigned to administer medications in the adult living community.

**Routes of administration for K through O only have to be validated if the employee will be responsible for administering these medications or medications by these routes.**

The information below does not provide step-by-step procedures for administering medications. It provides pertinent information on techniques and infection control that the employee is to know.

#### **A. & B. Oral Medications**

- Appropriate positioning of resident, elevation of head.
- The amount of medication to be administered, such as liquids, is never to be approximated. The amount ordered is to be the amount administered; therefore, a calibrated syringe is often necessary for measuring liquids in amounts less than 5 ml. and unequal amounts.
- Liquid medications must be measured in a calibrated medication cup/device.
- Measuring devices used for administering medications are to be calibrated and designed for measuring medications. Eating utensils or other household devices are not to be used for administering medications.

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **C. Sublingual medications**

- When measuring liquids, the medication cup should be placed on a flat surface, and measured at eye level to ensure accuracy.
- For liquids, hold the medication container so that the medication flows from the side opposite the label so it does not run down the container and stain or obscure the label.
- Powdered medications such as bulk laxatives need to be given with the amount of fluids indicated.
- More than one capsule or tablet may be in the same medication cup, but liquid medications are not to be mixed together.
- Special measuring devices for certain medications should only be used for that medication. (These measuring devices have increments marked off in “mg” instead of “ml” and usually have the name of the medication on the measuring device.)
- Liquids may have administration requirements such as Shake Well and Requires Dilution prior to administration. Examples of these liquids are Dilantin Suspension, which must be shaken thoroughly because the medication settles Medication Administration Clinical Skills Checklist after administration and gives inconsistent dosing; Liquid Potassium and bulk laxatives have to be mixed with sufficient fluids to decrease side effects.
- Refer to ATTACHMENT C for additional information.

### **C. Sublingual**

The medication is to be placed under the resident’s tongue. The resident should be instructed not to chew or swallow the medication. Do not follow with liquid, which might cause the tablet to be swallowed.



## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **D. Oral Inhalers**

### **E. Eye drops and ointments**

### **D. Oral Inhalers**

- For information on technique for meter dose inhaler, refer to ATTACHMENT D.
- Spacing and proper sequence of the different inhalers is important for maximal drug effectiveness.
- The prescribing practitioner may specifically order the sequence of administration if multiple inhalers are prescribed or the pharmacy may provide instruction on the medication label or MAR.
- The use of spacer or other devices to aid with administration should be discussed with the employee.
- Wait at least one minute between puffs for multiple inhalations

### **E. Eye drops and ointments**

- Hands are to be washed prior to and after administration of eye drops and ointments. Gloves are to be worn as indicated. Gloves must always be worn when there is redness, drainage, or possibility of infection.
- When two or more different eye drops must be administered at the same time, a 3 to 5-minute period should be allowed between each.
- Dropper or medication container must not touch the resident's eyes.

## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **F. Ear drops**

### **G. Nose drops**

### **H. Nasal Sprays/Inhalers**

### **I. Transdermal medications/Patches**

### **F. Ear Drops**

- Wash hands before and after administration of medication. Gloves are to be worn as indicated.
- By gently pulling on the ear, straighten the ear canal
- The employee should request the resident to remain in same position for 5 minutes to allow medication to penetrate. It may be necessary to gently plug the ear with cotton to prevent excessive leakage.

### **G. & H. Nose Drops & Nasal Sprays/Inhalers**

- Wash hands before and after. Gloves are to be worn as indicated.
- For drops: Resident should lie down on his/her back with head tilted back and the employee should request the resident to remain in the position for about 2 minutes to allow sufficient contact of medication with nasal tissue.
- For Sprays: Hold head erect and spray quickly and forcefully while resident “sniffs” quickly. It may be necessary to have the resident tilt head back to aid penetration of the medication into the nasal cavity.
- The dropper or spray should be at least wiped with a tissue before replacing the cap.

### **I. Transdermal Products/Patches**

- Application sites for transdermal patches should be rotated to prevent irritation. The application sites should be documented on the MAR.
- If the patch is ordered to be worn for less than 24 hours, documentation on the medication administration record is to reflect that the patch was removed and the time it was removed.

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### **J. Topical (creams and ointments; not dressing changes)**

- Gloves should be worn and hands washed after the patch is applied or removed.
- When a patch is removed, the area should be cleaned to remove residual medication on the skin.

### **J. Topical**

- Wear gloves and use a tongue blade, gauze or cotton tipped applicator to apply the medication.
- A new applicator must be used each time medication is removed from container to prevent contamination.
- Privacy should be provided, as necessary. This would depend on the area to be treated.
- The lid or cap of the container must be placed to prevent contamination of the inside surface.
- Gloves and supplies used should not be discarded in areas accessible to residents.

**(Validation for items K. through O is only necessary if the employee will be performing the task. These are tasks under Licensed Health Professional Support).**

### **K. Clean dressings**

### **K. Clean Dressing**

- The employee is to be knowledgeable of techniques with dressing change to ensure there is no cross-contamination
- Information under item J is also applicable to dressing changes.

## Guidelines for Completing the Medication Administration Clinical Skills Checklist

### **L. Nebulizers**

### **M. Suppositories**

1. Rectal

2. Vaginal

### **N. Enemas**

### **O. Injections**

1. Insulin

2. Other subcutaneous medications (B12 & Epinephrine) per facility.

### **L. Nebulizers**

- Nebulizer equipment, tubing and mask, is to be cleaned and changed in accordance with the facility's policy.

### **M. & N. Suppositories & Enemas**

- Wash hands before and after. Gloves are to be worn and properly disposed of.
- Remove foil or wrapper from suppository. A small amount of lubricant applied to the suppository will aid with administration of rectal preparations.
- Privacy is to be provided.
- Reusable applicators are to be cleaned with soap and water and properly stored.

### **O. Injections**

- Syringes are not to be recapped and must be disposed of in appropriate containers, i.e., Sharps.
- The employee has also received training on facility's policy for administering insulin.
- The employee is to be knowledgeable of the facility's policy on storage of insulin.
- Employee is to be knowledgeable of technique for mixing different insulin.
- Employee is to be knowledgeable of facility's policy and procedure of when insulin should be held and interventions for hypoglycemia and hyperglycemia reactions.

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<b>Section 14: Other Tasks/Skills</b>  A. Self-Administration of medications by residents  B. Received orientation to facility's policy and procedures for medication administration	<ul style="list-style-type: none"><li>• Wash hands before and after. Gloves are to be worn.</li></ul> <p><b>Employee is to follow the facility's policy and procedures on administering insulin and other subcutaneous injections and in accordance with specific orders of a physician.</b></p> <p><b>Section 14</b></p> <p>A. The employee is knowledgeable of the facility's policy and procedure for self-administration.</p> <p>B. The employee has been provided a copy of the facility's policy and procedures, knowledgeable of the facility's policy and procedures and able to locate the manual as a resource and reference.</p>
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# **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

## **ATTACHMENT A**

### **ABBREVIATIONS**

#### **DOSES**

gm = gram

mg = milligram

mcg = microgram

cc = cubic centimeter

ml = milliliter

tsp = teaspoonful

tbsp = tablespoonful

gtt = drop

ss = 1/2

oz = ounce

mEq = milliequivalent

#### **TIMES**

QD = every day

BID = twice a day

TID = three times a day

QID = four times a day

qh = every hour

qhs = at bedtime

ac = before meals

pc = after meals

PRN = as needed

QOD= every other day

ac/hs= before meals and at bedtime

pc/hs= after meals and at bedtime

stat = immediately

#### **ROUTES OF ADMINISTRATION**

po = by mouth

pr = per rectum

OD = right eye

OS = left eye

OU = both eyes

AD = right ear

AS = left ear

AU = both ears

SL = sublingual (under the tongue)

SQ = subcutaneous (under the skin)

per GT = through gastrostomy tube

#### **OTHER**

MAR = medication administration record

OTC = over the counter

SIG = label or directions

# Guidelines for Completing the Medication Administration Clinical Skills Checklist

## ATTACHMENT B

### COMMON DOSAGE FORMS

1. **Tablet** – Hard, compressed medication in round, oval, or square shape. Some have enteric coating or other types of coatings, which delay release of the drug and cannot be crushed or chewed.
2. **Capsule** – Medication in a gelatin container. The capsule may be hard or soft and dissolves quickly in the stomach.
3. **Liquid** – There are different types of liquid medications:
  - A. Solution
  - B. Suspension
  - C. Syrup
  - D. Elixir
4. **Suppository** – small solid medicated mass, usually cone-shaped. Suppositories melt at body temperature. May be administered by rectum or vagina. Refrigerate as directed by manufacturer.
5. **Inhalant** – medication carried into the respiratory tract through the vehicles of air, oxygen, or steam. There are inhalants used orally and nasally.
6. **Topical** – applied directly to the skin surface. Topical medications include the following:
  - A. Ointment
  - B. Lotion
  - C. Paste
  - D. Cream
  - E. Shampoo
  - F. Patches (Transdermal)
  - G. Powder
  - H. Paste
  - I. Aerosol Sprays

# Guidelines for Completing the Medication Administration Clinical Skills Checklist

## ATTACHMENT C

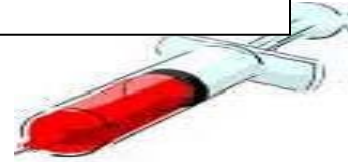
### MEASURING TIPS



10cc = 10ml

20cc = 20ml

**TIP: use an oral syringe for  
amounts less than 5ml**



**Reminder: 1cc = 1ml**

**A cubic centimeter is the same as a milliliter.**

---

**mg.  $\neq$  ml.**

**A mg is NOT the same as ml !!!**

**TIP: Always read the label  
carefully to be sure you are  
measuring the right thing.**



20ml



**This 30ml cup  
contains 20mg of  
medication in it.**

**This 30ml cup  
contains 40mg of  
medication in it.**

**YOU CAN'T TELL THE DIFFERENCE BY LOOKING**



## Guidelines for Completing the Medication Administration Clinical Skills Checklist

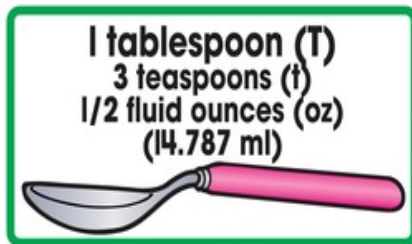


1 TSP. = 5 ml



**TIP:** Do not use household teaspoons. They are not accurate!

**TIP:** To be accurate, use the correct measuring tool. Ask your pharmacist. Some liquid medicines have special measuring tools.



1 tbsp. = 3 tsp

=

1 teaspoon (t)



1 teaspoon (t)



1 teaspoon (t)



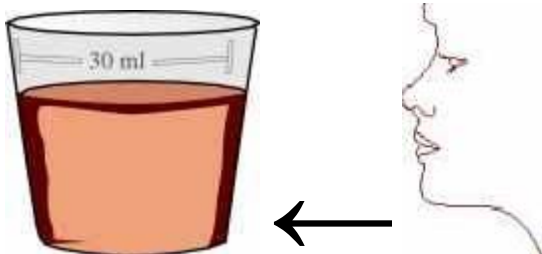
1 teaspoon (t)



=



4 tsp. = 20ml



**TIP:** When measuring liquids, place the cup on a flat surface and measure at eye level.

# **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

## **ATTACHMENT D**

### **TECHNIQUE FOR PROPER USE OF METERED DOSED INHALERS**

#### **Equipment Required:**

- Prescribed Medication
- Examination Gloves(optional)

#### **Procedure:**

1. Remove the cap and hold inhaler upright.
2. Shake the inhaler.
3. Ask the resident to tilt the head back slightly and breathe out.
4. Position the inhaler in one of the following ways:
  - Open mouth with inhaler one to two inches away.
  - Use spacer with inhaler; place spacer in mouth (Spacers are particularly beneficial for older adults & young children).
  - Position inhaler in mouth, close lips around inhaler.
5. Press down on inhaler to release medication as the resident starts to breathe in slowly.
6. Encourage the resident to breathe in slowly (over 3 to 5 seconds).
7. Ask the resident to hold breath for 10 seconds to allow medication to reach deeply into the lungs.
8. Repeat puffs as directed. (Waiting one minute between puffs may permit additional puffs to penetrate the lungs better).

## Guidelines for Completing the Medication Administration Clinical Skills Checklist

### ATTACHMENT D

#### SPACING AND PROPER SEQUENCE OF INHALED MEDICATIONS

Spacing and proper sequence of the different inhalers is important for maximal drug effectiveness. If more than one inhaler is used, following the sequence listed below provides the most benefit to the patient.

##### **1. Bronchodilators / Beta-Agonists**

albuterol - Ventolin., Proventil.;

metaproterenol - Alupent.;

pirbuterol - Maxair.;

bitolterol - Tornalate.

- ❖ These agents work by promoting bronchodilation by relaxing bronchial smooth muscle.

**All Inhalers Must Be Shaken Well Prior To Use !!**

Bronchodilator: Proventil, Alupent, etc



Wait one minute between “puffs” for multiple inhalations of the same drug

# Guidelines for Completing the Medication Administration Clinical Skills Checklist

## ATTACHMENT D

### 2. Anticholinergic Agents

ipratropium - Atrovent.

- ❖ Antagonizes the action of acetylcholine with resulting bronchodilation.
- ❖ Minimal systemic activity.
- ❖ Is used for maintenance therapy only, not acute episodes.
- ❖ May be more useful than traditional bronchodilators in chronic bronchitis.

### 3. Miscellaneous Agents

cromolyn - Intal.;

nedocromil - Tilade.

- ❖ Stabilizes mast cells and inhibits the release of histamine from these cells.
- ❖ Must be used on a regular basis, not useful on a PRN basis.
- ❖ May be used prophylactically prior to exercise.

**Wait five minutes before administering**

Atrovent / Miscellaneous Agents

**Wait one minute between “puffs” for multiple inhalations of the same drug**



## **Guidelines for Completing the Medication Administration Clinical Skills Checklist**

### **ATTACHMENT D**

#### **4. Corticosteroids**

triamcinolone – Azmacort.;

flunisolide – Aerobid.;

budesonide – Pulmicort.

fluticasone/salmeterol - Advair.

- ❖ Anti-inflammatory agents may have a variety of actions useful in management of COPD.
- ❖ Must be used on a regular basis, not PRN agents.
- ❖ Minimal systemic activity.

**Wait five minutes before administering**

Corticosteroids; Azmacort, Pulmicort, etc.
--

**Wait one minute between “puffs” for multiple inhalations of the same drug**

**Rinse the mouth out following use (do not swallow the water) to help prevent oropharyngeal fungal infections. The use of a spacer device may also reduce these side effects.**