

Instructions for Completing the Medication Administration Clinical Skills Checklist

TO ALL INSTRUCTORS:

Unlicensed staff who administer medications and supervisors of staff responsible for administering medications in assisted living community must have completed a state-approved medication aide training program administered by a Georgia State registered pharmacist, physician or registered nurse and successfully completed the standardized clinical skills checklist. The licensed healthcare professional who administers the medication aide training program must personally validate the unlicensed staff's competency for tasks or skills associated with administering certain medications in the facility. Prior to allowing unlicensed staff administering medications the unlicensed staff is also required to successfully pass a computerized written, competency test approved by the Department of Community Health, no later than 90 days after the successful completion of the Department-approved clinical skills checklist administered by the licensed healthcare professional.

The guidelines and attachments are provided to assist with training, validation and the written competency test, as well as, provide the minimum standards for staff administering medications in an assisted living community. Tasks listed in the left column of the guidelines match the tasks on Medication Administration Clinical Skills Checklist and the right column of the guidelines provides information for training and validation. It will be the registered pharmacist, physician or registered nurse's responsibility to determine that the applicant to become a certified medication aide has demonstrated competency in performing the tasks or skills associated with administering certain medications by using the guidelines and checklist.

The instructor needs to be knowledgeable of the regulations and interpretations of regulations related to medication administration for an assisted living community. (Georgia law, O.C.G.A. §31-7-12.2) As indicated on the checklist, the instructor is to review the guidelines and checklist prior to the observation of the tasks or skills.

Directions for completing checklist

1. The names of the employee, the instructor, and the assisted living community (if applicable) are to be written on each page of the checklist.
2. All documentation on the checklist is to be in black or blue ink.
3. When the applicant for certification has demonstrated competency for a task or skill, the instructor is to complete the "Satisfactory Completion Date" block and the "Inst. Initials/Signature" block to the right next to the completion block. The "Needs More Training" and "Inst. Initials/Signature" is to be completed if the applicant for certification needs further training in an area or needs to be observed again.
4. Sections 1 through 13 - Must be completed for each unlicensed staff person administering medications, unless otherwise indicated on the checklist or guidelines.
5. Section 1- Competency may be determined by asking the applicant questions verbally or requiring the applicant to take a written test.

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6. Sections 2 through 12 - The applicant is to be observed actually performing the task or skill or at least be able to verbalize and demonstrate competency to perform the task or skill. Further instructions are provided in the guidelines for the tasks or skills in Section 12.
7. The applicant and instructor are to sign and date the checklist after the completion of all tasks.
8. If competency validation for additional tasks on the Medication Administration Clinical Skills Checklist is needed after the applicant and instructor have signed the checklist, then the additional tasks/skills may be checked off, initialed and dated by the instructor on the original checklist and signed and dated by the instructor and employee again in the “Comment” section or a new checklist may be used and attached to the original checklist.
9. The “Comment” section may be used to document any additional information, including signatures.
10. The checklist must be maintained on file in the facility if training has been provided through the facility or the certified medication aide has been employed in the community for more than one year.
11. When the applicant has successfully completed the medication administration clinical skills checklist, they are ready to take the written competency test. An original clinical skills checklist indicating successful completion must be uploaded by the instructor for the applicant to be able to take the written competency test.

Medication Administration Clinical Skills Checklist

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 physician, registered nurse or pharmacist. Competency validation by the physician, registered nurse or pharmacist is to be in accordance with their occupational licensing laws.

Instructor — Refer to attachment on instructions and guidelines for completing this checklist prior to beginning observation of skills or tasks.

Skill/Tasks	Satisfactory Completion Date	Instructor Initials	Needs More Training	Instructor Initials
1. Basic Medication Administration Information and Medical Terminology (Refer to attachment)				
A. Matched common medical abbreviations with their meaning				
B. Listed/Described common dosage forms of medications and routes of administration				
C. Listed the 6 rights of medication administration				
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 medications, i.e., refusal, privacy, respect				
F. Defined medication "allergy"				
G. Demonstrated the use medication resources or references				
2. Medication Orders (Refer to attachment)				
A. Listed or Recognized the components of a complete medication order				
E. Described or Demonstrated the process for ordering medications and receiving medications from pharmacy				
F. Identified required information on the medication label				

EMPLOYEE NAME: _____
ASSISTED LIVING COMMUNITY NAME & ADDRESS: _____

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Skill/Tasks	Satisfactory Completion Date	Instructor Initials	Needs More Training	Instructor Initials
3. Demonstrated appropriate technique to obtain and record the following: (Refer to attachment)				
A. Blood Pressure				
B. Temperature				
C. Pulse				
D. Respirations				
E. Fingersticks/Monitoring Devices such as glucose monitoring (Only required to be validated if the employee will be performing this task.)				
4. Administration of Medications(Refer to attachment)				
A. Identified resident				
B. Gathered appropriate equipment and keeps equipment clean				
C. MAR utilized when medications are administered and also when medications are prepared or poured (if prepouring is allowed)				
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.				

EMPLOYEE NAME: _____

ASSISTED LIVING COMMUNITY NAME AND ADDRESS: _____

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Skill/Tasks	Satisfactory Completion Date	Instructor Initials	Needs More Training	Instructor Initials
5. Utilized Special Administration and Monitoring Techniques as indicated (vital signs, crush meds. check blood sugar, mix with food or liquid) (Refer to attachment)				
6. Administered medications at appropriate time (Refer to attachment)				
7. 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 (Refer to attachment)				
8. Utilized appropriate hand-washing technique and infection control principles during medication pass (Refer to attachment)				
9. Documentation of Medication Administration (Refer to attachment)				
A. Initialed 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. Documented medications that are refused, held or not administered appropriately				
C. Administered and documented PRN medications appropriately				
D. Recorded information on other facility forms as required				
E. Wrote a note in the resident's record when indicated				

EMPLOYEE NAME: _____

ASSISTED LIVING COMMUNITY NAME: _____

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Skill/ Tasks	Satisfactory Completion Date	Instructor Initials	Needs Training	Instructor Initials
10. Completion of Medication Pass (Refer to attachment)				
A. Stored medications properly				
B. Disposed of contaminated or refused medications				
C. Rechecked MARs to make sure all medications had been given and documented				
11. Medication Storage (Refer to Attachment)				
A. Maintained security of medications during medication administration				
B. Stored controlled substances and other medications appropriately and counted and signed controlled substances per facility policy				
C. Assured medication room/cart/cabinet is locked when not in use				
12.Administered medications using appropriate technique for dosage form/route & administered accurate amount: (Refer to Attachment)				
A. Oral tablets and capsules				
B. Oral liquids				
C. Sublingual medications				
D. Oral Inhalers				

EMPLOYEE NAME: _____

ASSISTED LIVING COMMUNITY NAME: _____

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Skill/ Tasks	Satisfactory Completion Date	Instructor Initials	Needs Training	Instructor Initials
E. Eye drops and ointments				
F. Ear drops				
G. Nose drops				
H. Nasal Sprays/Inhalers				
I. Transdermal medications and Patches				
J. Topical (creams and ointments; not dressing changes)				
K. Clean dressings				
L. Nebulizers				
M. Suppositories 1. Rectal 2. Vaginal				
N. Enemas				
O. Injections 1. Insulin 2. Other subcutaneous medications				

EMPLOYEE NAME: _____

ASSISTED LIVING COMMUNITY NAME: _____

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Skill/ Tasks	Satisfactory Completion Date	Instructor Initials	Needs Training	Instructor Initials
Section 13. Other Tasks/Skills				
A. Self-Administration of medications				
B. Received orientation to facility's policy and procedures for medication administration				

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE & DATE: _____

ASSISTED LIVING COMMUNITY NAME: _____

INSTRUCTOR'S INITIALS, PRINTED NAME, SIGNATURE, TITLE AND DATE:

INSTRUCTOR'S LICENSE NUMBER _____

INSTRUCTOR'S INITIALS, PRINTED NAME, SIGNATURE, TITLE AND DATE:

INSTRUCTOR'S LICENSE NUMBER _____

(If more than one instructor completes the checklist, the initials of each instructor must be documented by the instructor's signature and title. The section for comments may be used if additional space is needed.)

COMMENTS

