

Supervision of Self Administration of Medication Competency checklist for staff

Name: _____ Work Location: _____

Date: _____

(Check each box to indicate competency – to be completed by nurse)

- Informed client it is time for medication administration
- Staff and client wash hands and sanitizes the medication area
- Staff obtains, or has client obtain all supplies needed for medication administration
- Staff reviews training objectives with client
- Supervises one client at a time
- Opens medication book to Medication Administration Record
- Staff compares MAR and Rx label on medication blister pack or bottle
- Staff verifies the five rights (right client, med, dose, time and route)
- States or has client state the name of medication, purpose, and possible side effects of each medication
- Supervises client using verbal, gestural or physical prompting
- Ensures client dispenses pill into cup or filter for cleanliness
- Ensures client takes medication(s) *[it is recommended that client administer one medication at a time]*
- Staff or client initials MAR correctly
- Asks client to return medication basket to cabinet
- Praises client for completing tasks
- Returns key to proper storage area

(Staff can verbally state correct procedure)

- Report medications errors
- Client refusal of medication
- Medication dropped or spilled
- Supervision of PRN medication (who to call, where's it kept, where/how to document)
- Correct documentation on MAR when client is absent
- How are internal and external medications stored
- Can explain what anaphylactic reaction and treatment options
- Who to call if there is a question regarding a medication or MAR

Nurse's Name/Title

Nurse's Signature

Staff Name

Staff Signature

Medication Training Observation

	Trainee	Date/Time	Trainer	Location
1				
2				
3				

After each supervised medication pass, the staff and his/her trainer must sign this medication training form (above) with the location, date and time of each supervised medication pass. Once three supervised medication passes have been completed, the supervisor must sign below and forward to the provider liaison along with a copy of the trainee's work schedule below. The nurse will schedule the trainee's SAMS certification observation and/or delegation within 7 days of the trainee's work schedule below. The nurse will notify the case manager and/or house manager of the results of the SAMS certification observation and delegation status.

Trainees must complete all 3 of their supervised medication passes within 14 days from the date they attended SAMS training.

Date of SAMS class: _____
Date received by House Manager: _____
Date received by Nurse: _____

Trainee's work schedule:

Completed by (supervisor's name): _____

Date: _____