

Medication Administration Observation Checklist Heritage Centers

Employee's Name: _____

Floater: ____ Yes ____ No **If yes, Region:** _____

Pour Type:

____ Original Certification ____ Recertification/Site ____ Remediation

Pour Date: _____ **Time:** _____ **Site:** _____

Checklist of Procedures	S	NA	U	Reason (if unsatisfactory)
1. Eliminate Distractions				
2. Wash Hands				
3. Check Medication Book				
4. Unlock Medication Cabinet				
5. State the 5 R's Correctly				
6. Read & Compare Medication Label to MAR First Time				
7. Remove Medication From Shelf And Compare Label with MAR Second Time				
8. Preparation of Liquid Medications <ul style="list-style-type: none"> Shake bottle before pouring, if indicated Place thumb nail on mark for prescribed amount on container and hold at eye level Pour away from label Wipe top and side of bottle 				
9. Pour Prescribed Medication <ul style="list-style-type: none"> Pour med and initial blister Compare label third time Return blister pack to proper place 				
10. Observe Person Swallow Medication				
11. Initial MAR				
12. Perform Control Count, Sign Control Count Sheet, if applicable.				
13. Lock Medication Cabinet, and Return Keys to Lockbox				
14. Clean and Replace Supplies				

Previous year's medication errors reviewed: _____ **N/A** _____

Employee's Signature

Date

Reviewer's Signature

Date

Data Clerk

Entry Date

Name: _____

Site: _____

Nursing Skills Observation Checklist

Checklist of Skills	S	NA	U	Reason (If unsatisfactory)
1. Pulse				
2. Blood Pressure				
3. Thermometer				
4. Glucometer Testing				
5. Catheter Care				
6. C-PAP Machine/Oxygen				
7. Suppositories/Enemas				
Other:				
Other:				

Knowledge of Where to Find

Medication Administration Record <ul style="list-style-type: none"> • Med Book Review • MARs • Documentation PRN/OTC meds • PONIs • Control Count Sheets • Self-Administration Assessments 				
Script Book: <ul style="list-style-type: none"> • Over-the-Counter Standing Order • 2-Hour Range Letter • Med Delivery Instructions • Scripts/Client Specifics 				
Current Medical Information Binder: <ul style="list-style-type: none"> • Lab/Test Results Tracking Sheet • Medical Information Record • Lab/Test Results • Medical Logs 				
Plan of Nursing Service Book <ul style="list-style-type: none"> • PONS 				
Med Appointment Book <ul style="list-style-type: none"> • HIPPA • Medical Information Record • Med Data • Medical History • Consents/Consent to Treat 				
Daily Count Book				
Diet Binder				
Med Deliveries				
On Call Procedure/Phone Numbers				
Other:				

Employee's Signature_____
Date_____
Reviewer's Signature_____
Date