# Medication Administration Observation Checklist

**Heritage Centers**

**Employee’s Name:** ____________________________________________________________

<table>
<thead>
<tr>
<th>Floaters: Yes</th>
<th>No</th>
<th>If yes, Region:</th>
<th>______________________________</th>
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</thead>
</table>

**Pour Type:**

- Original Certification
- Recertification/Site
- Remediation

**Pour Date:** _____________  
**Time:** _____________  
**Site:** ________________________

## Checklist of Procedures

<table>
<thead>
<tr>
<th>S</th>
<th>NA</th>
<th>U</th>
<th>Reason (if unsatisfactory)</th>
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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
   - 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
   - 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

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**Previous year’s medication errors reviewed:** _______  N/A_______

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<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
<th>Reviewer’s Signature</th>
<th>Date</th>
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<tbody>
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<td>____________________</td>
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**Data Clerk**  
**Entry Date**

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*Residential Nursing*  
*Policy #2.1.1*  
*F:\Docs\Clerical\Residential Forms\Medication Administration Observation Checklist*  
*April 3, 2017*
## Nursing Skills Observation Checklist

<table>
<thead>
<tr>
<th>Checklist of Skills</th>
<th>S</th>
<th>NA</th>
<th>U</th>
<th>Reason (If unsatisfactory)</th>
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<tbody>
<tr>
<td>1. Pulse</td>
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<tr>
<td>2. Blood Pressure</td>
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<td>3. Thermometer</td>
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<td>4. Glucometer Testing</td>
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<td>5. Catheter Care</td>
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<td>6. C-PAP Machine/Oxygen</td>
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<td>7. Suppositories/Enemas</td>
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<td>Other:</td>
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</tbody>
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### Knowledge of Where to Find

#### Medication Administration Record
- Med Book Review
- MARs
- Documentation PRN/OTC meds
- PONIs
- Control Count Sheets
- Self-Administration Assessments

#### Script Book:
- Over-the-Counter Standing Order
- 2-Hour Range Letter
- Med Delivery Instructions
- Scripts/Client Specifics

#### Current Medical Information Binder:
- Lab/Test Results Tracking Sheet
- Medical Information Record
- Lab/Test Results
- Medical Logs

#### Plan of Nursing Service Book
- PONS

#### Med Appointment Book
- 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:

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Employee’s Signature       Date       Reviewer’s Signature       Date

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Policy #2.1.1
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