



NEW HAVEN
ASSISTED LIVING & MEMORY CARE
Serving TX Since 2013

Medication Administration Employee Observation Checklist

Employee Name: _____

Reason: New Med. Passer: _____

Date & Time of Med Pass: _____

Med Error: _____

Assisted Living or Memory Care (Circle One)

Random: _____

Observation #: _____

Instructions: Two medication pass observations by a licensed nurse must be completed within a reasonable time frame after completion of the medication administration class. Medications may NOT be passed unobserved until two shadowed observations are completed. One medication pass will be shadowed in AL and one in MC on two separate days during a full med pass. If licensed nurse does not feel confident the employee can pass meds independently after two shadows you will be followed by the House Manager or tenured Med Aide. All supervisory staff are required to be observed passing medications annually prior to their performance evaluation.

Random checks of medication pass will be completed by a nurse on a continual basis. All check lists must be turned in to the Administrator. The nurse may suspend anyone's medication passing privileges and revoke the medication pay increase at any time if unsafe medication administration procedure is occurring.

Vital Signs check off must be completed with observation #1 and #2 and signed off at the bottom of this form. Vital signs must be rechecked by observer and compared for accuracy to the medication passers values. Values must closely match to pass Vital Sign check off.

Scheduled Medication Pass

PRN Medication Pass

- | | | | |
|---|----|-----|-----|
| 1. Starts medication pass on time, or calls nurse prior to starting medication pass
If late med pass, employee verbalizes late medication pass procedure | NO | YES | N/A |
| 2. Gathers needed supplies before medication pass (cups, nutritional supplements, applesauce, pudding, spoons, etc..) | NO | YES | N/A |
| 3. MAR pulled up on computer and used through entire med pass. | NO | YES | N/A |
| 4. Washes hands before passing medications | NO | YES | N/A |
| 5. Washes hands any time contamination occurs, able to define what contamination is. | NO | YES | N/A |
| 6. Selects appropriate medications for time being given | NO | YES | N/A |

7. Identifies all needed medications are available	NO	YES	N/A
8. Verifies has correct person or person identifies self, if able.	NO	YES	N/A
9. Follows MAR, checking for correct date, time, med, dosage, reason for giving medication, and potential side effects of med	NO	YES	N/A
10. Compares medication label to MAR 3 times for each med given.	NO	YES	N/A
11. Counts pills in meds cup as final check, before administering them.	NO	YES	N/A
12. Ensures med is swallowed, mouth check done if appropriate.	NO	YES	N/A
13. Punches meds into med cup without contaminating them.	NO	YES	N/A
14. Liquid meds are shaken before being poured & are poured at eye level	NO	YES	N/A
15. Liquid meds are poured away from label to avoid contamination.	NO	YES	N/A
16. Documents initials in appropriate time/date slot before proceeding to next person	NO	YES	N/A
17. PRN's given are documented on MAR with reason, response	NO	YES	N/A
18. Documents PRN medication on progress notes.	NO	YES	N/A
19. Full name is signed on MAR.	NO	YES	N/A
20. Medications are kept in a secure location and med cart locked when leaving med room.	NO	YES	N/A
21. Staff do not leave med pass area during med pass.	NO	YES	N/A

VITAL SIGNS CHECK OFF FOR MEDICATION PASS OBSERVATION

WRIST CUFF / ARM CUFF / MANUAL

B/P: _____ RESPIRATIONS: _____ HEART RATE: _____

O2: _____ RA / LPM: _____ TEMPURATURE: _____

LVN/RN COMPLETING OBSERVATION: _____