

Medication Aide Procedure Checklist

Handwashing

Name: _____

Score Required: 7/9

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

**Needs
Review**

	1. Gather the needed supplies	_____	_____
	2. Turn on faucet	_____	_____
	3. Wet hands and wrists holding the fingertips down	_____	_____
	4. Apply soap and work into a lather	_____	_____
***	5. Rub all surfaces of the hands (between fingers, under nails, and 2 inches above wrists) continuously for at least 15 seconds	_____	_____
***	6. Rinse hands under running water without touching sink or faucet, holding fingers down	_____	_____
***	7. Dry hands and wrists thoroughly using paper towels without touching the towel dispenser or sink	_____	_____
	8. Turn off faucet with a paper towel	_____	_____
	9. Discard paper towel in waste container without contamination	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Glove Removal

Name: _____

Score Required: 5 / 7

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

**Needs
Review**

***	1. With the fingertips of one hand, pinch the palm of the opposite glove, taking care to touch only the glove	_____	_____
***	2. Pull the pinched glove toward the fingertips and remove the glove off of the hand with the glove ending inside out	_____	_____
	3. Hold onto the loose glove with the gloved hand	_____	_____
***	4. Place the fingers of the ungloved hand inside the cuff of the gloved hand between the skin at the wrist and the glove, taking care not to touch the outside surface of the gloved hands	_____	_____
	5. Pull the glove toward the finger tips, turning the glove inside out	_____	_____
	6. Remove the gloves and discard into the nearest waste container	_____	_____
***	7. Wash and dry hands thoroughly	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Oral Medication

Name: _____

Score Required: 14 / 20

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	Set Up the Medication:		
***	1. Wash and dry hands thoroughly	_____	_____
***	2. First safety check	_____	_____
***	3. Second safety check	_____	_____
***	4. Pour the correct dose of medication	_____	_____
***	5. Third safety check	_____	_____
	6. Return the medication container to storage	_____	_____
	7. Secure the other medications	_____	_____
	Beginning Five:		
	8. Knock on resident room door to gain entrance if applicable	_____	_____
***	9. Identify the resident	_____	_____
	10. Provide privacy	_____	_____
	11. Wash and dry hands thoroughly	_____	_____
***	12. Maintain Safety	_____	_____
	13. Final preparations if indicated	_____	_____
	14. Assist the resident to a comfortable upright position	_____	_____
***	15. Provide the medications according to the five rights	_____	_____
	Ending Five:		
	16. Assist the resident to a comfortable position	_____	_____
	17. Open the room if appropriate	_____	_____
	18. Wash and dry hands thoroughly	_____	_____
	19. Record and report	_____	_____
***	20. Maintain Safety	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Topical Medication

Name: _____

Score Required: 18 / 26

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed supplies	_____	_____
	Set Up the Medication:		
***	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Measure the topical med, if applicable; pour the correct dose if a liquid; or retrieve a patch if ordered	_____	_____
***	6. Third safety check	_____	_____
	7. Return the medication container to storage	_____	_____
	8. Secure the other medications	_____	_____
	Beginning Five:		
	9. Knock on resident room door to gain entrance, if applicable	_____	_____
***	10. Identify the resident	_____	_____
	11. Provide privacy	_____	_____
	12. Wash and dry hands thoroughly	_____	_____
***	13. Maintain safety	_____	_____
	14. Prepare a clean workspace	_____	_____
	15. Apply gloves	_____	_____
	16. Observe the skin	_____	_____
***	17. Apply the topical medication according to five rights	_____	_____
	18. Remove gloves and discard into a waste container	_____	_____
	19. Contain the used supplies for disposal	_____	_____
	20. Discard the used supplies appropriately	_____	_____
	Ending Five:		
	21. Assist the resident to a comfortable position	_____	_____
	22. Open the room if appropriate	_____	_____
	23. Wash and dry hands thoroughly	_____	_____
	24. Record and report	_____	_____
***	25. Maintain safety	_____	_____
	26. Return reusable supplies to storage	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Sublingual or Buccal Medication

Name: _____

Score Required: 16 / 23

Actual Score: _____

Check the type observed: Sublingual Buccal

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	Set Up the Medication:		
***	1. Wash and dry hands thoroughly	_____	_____
***	2. First safety check	_____	_____
***	3. Second safety check	_____	_____
***	4. Pour the correct dose of the medication	_____	_____
***	5. Third safety check	_____	_____
	6. Return the medication container to storage	_____	_____
	7. Secure the other medications, if applicable	_____	_____
	Beginning five:		
	8. Knock on resident room door to gain entrance, if applicable	_____	_____
***	9. Identify the resident	_____	_____
	10. Provide privacy	_____	_____
***	11. Wash and dry hands thoroughly	_____	_____
***	12. Maintain safety	_____	_____
	13. Assist the resident to an upright position, if indicated	_____	_____
	14. Apply gloves if indicated	_____	_____
***	15. Provide the medication according to five rights by the specified route	_____	_____
	16. Instruct the resident not to eat or drink until med dissolves	_____	_____
	17. Remove gloves if used and discard into a waste container	_____	_____
	18. Dispose of used supplies, if applicable	_____	_____
	Ending five:		
	19. Assist the resident to a comfortable position	_____	_____
	20. Open the room if appropriate	_____	_____
	21. Wash and dry hands thoroughly	_____	_____
	22. Record and report	_____	_____
***	23. Maintain safety	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Instillation Medication (Eye, Ear, and Nose)

Name: _____

Score Required: 17 /24

Actual Score: _____

Check the type observed: Eye Ear Nose

Critical

<u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed supplies Set Up the Medication:	_____	_____
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
***	5. Third safety check	_____	_____
	6. Return other medication to storage	_____	_____
	7. Secure the other medications Beginning five:	_____	_____
	8. Knock on resident room door to gain entrance, if applicable	_____	_____
***	9. Identify the resident	_____	_____
	10. Provide privacy	_____	_____
	11. Wash and dry hands thoroughly	_____	_____
***	12. Maintain safety	_____	_____
	13. Position the resident appropriately: if eye drops, position on back or seat upright with head tilted back; if ear drops, position the treated ear facing up; if nose drops, position on back or seat upright	_____	_____
	14. Apply gloves if directed by facility policy	_____	_____
***	15. Provide the medication according to five rights: if eye drops or ointment, wait 5 minutes if more than two types ordered; if ear drops, instruct the resident to remain in the position for 5-15 minutes; if nose spray, instruct resident to “sniff” in quickly with each spray	_____	_____
	16. Use a tissue to remove excess medication if applicable	_____	_____
	17. Remove gloves and discard in a waste container	_____	_____
	18. Discard used supplies Ending five:	_____	_____
	19. Assist the resident to a comfortable position	_____	_____
	20. Open the room if appropriate	_____	_____
	21. Wash and dry hands thoroughly	_____	_____
	22. Record and report	_____	_____
***	23. Maintain safety	_____	_____
	24. Return the medication container to storage, if applicable	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Inhaler Medication

Name: _____

Score Required: 18 / 25

Actual Score: _____

<u>Critical</u>		<u>Satisfactory</u>	<u>Needs</u>
<u>Steps</u>	<u>Steps of the Procedure:</u>		<u>Review</u>
	1. Gather the needed supplies	_____	_____
	Set Up the Medication:		
***	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Third safety check	_____	_____
	6. Secure the other medications	_____	_____
	Beginning five:		
	7. Knock on resident room door to gain entrance if applicable	_____	_____
***	8. Identify the resident	_____	_____
	9. Provide privacy	_____	_____
	10. Wash and dry hands thoroughly	_____	_____
***	11. Maintain safety	_____	_____
	12. Assist the resident to an upright position	_____	_____
	13. Assemble the inhaler and shake well	_____	_____
	14. Instruct the resident to tilt his head back slightly and breathe out	_____	_____
***	15. Provide the medication according to the five rights by pressing the inhaler as the resident breathes in	_____	_____
	16. Instruct the resident to hold his breath for 10 seconds	_____	_____
	17. Repeat puff at the appropriate time if ordered	_____	_____
	18. Assist the resident with oral care	_____	_____
	19. Discard used supplies	_____	_____
	Ending five:		
	20. Assist the resident to a comfortable position	_____	_____
	21. Open the room if appropriate	_____	_____
	22. Wash and dry hands thoroughly	_____	_____
	23. Record and report	_____	_____
***	24. Maintain safety	_____	_____
	25. Clean and store the inhaler	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Nebulizer Medication

Name: _____

Score Required: 24/34

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

**Needs
Review**

Set Up the Medication:

- | | | | | |
|-----|----|--------------------------------------------|-------|-------|
| | 1. | Wash and dry hands thoroughly | _____ | _____ |
| *** | 2. | First safety check | _____ | _____ |
| *** | 3. | Second safety check | _____ | _____ |
| | 4. | Retrieve the appropriate medications | _____ | _____ |
| *** | 5. | Third safety check | _____ | _____ |
| | 6. | Return the medication container to storage | _____ | _____ |
| | 7. | Secure the other medications | _____ | _____ |
| | 8. | Gather the needed supplies | _____ | _____ |

Beginning five:

- | | | | | |
|-----|-----|----------------------------------------------------------------------------------------------|-------|-------|
| | 9. | Knock on resident room door to gain entrance, if applicable | _____ | _____ |
| *** | 10. | Identify the resident | _____ | _____ |
| | 11. | Provide privacy | _____ | _____ |
| | 12. | Wash and dry hands thoroughly | _____ | _____ |
| *** | 13. | Maintain safety | _____ | _____ |
| | 14. | Assist the resident to an upright position | _____ | _____ |
| | 15. | Take vital signs if indicated | _____ | _____ |
| | 16. | Apply gloves | _____ | _____ |
| | 17. | Measure and mix the medications | _____ | _____ |
| | 18. | Place the medication in the nebulizer chamber | _____ | _____ |
| | 19. | Connect the mouthpiece and compressor and place the mouthpiece in the resident's mouth | _____ | _____ |
| | 20. | Turn on the compressor | _____ | _____ |
| *** | 21. | Provide or assist with treatment according to the five rights | _____ | _____ |
| | 22. | Instruct the resident to breathe normally and calmly, and to take a deep breath occasionally | _____ | _____ |
| | 23. | Remove the mouthpiece when all of med is inhaled | _____ | _____ |
| | 24. | Turn off the compressor | _____ | _____ |
| | 25. | Repeat vital signs if indicated | _____ | _____ |
| | 26. | Assist the resident with oral care | _____ | _____ |
| | 27. | Remove gloves and discard into a waste container | _____ | _____ |

Ending five:

- | | | | | |
|-----|-----|-----------------------------------------------|-------|-------|
| | 28. | Assist the resident to a comfortable position | _____ | _____ |
| | 29. | Open the room if appropriate | _____ | _____ |
| | 30. | Wash and dry hands thoroughly | _____ | _____ |
| | 31. | Record and report | _____ | _____ |
| *** | 32. | Maintain safety | _____ | _____ |
| | 33. | Clean and store the equipment | _____ | _____ |
| | 34. | Return the medicine container to storage | _____ | _____ |

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Oxygen

Name: _____

Score Required: 14 / 20

Actual Score: _____

Critical

<u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	Set Up the Medication:		
***	1. Wash and dry hands thoroughly	_____	_____
***	2. First safety check	_____	_____
***	3. Second safety check	_____	_____
***	4. Third safety check	_____	_____
	5. Gather the needed supplies and equipment	_____	_____
	Beginning five:		
***	6. Knock on resident room door to gain entrance	_____	_____
	7. Identify the resident	_____	_____
	8. Provide privacy	_____	_____
***	9. Wash and dry hands thoroughly	_____	_____
***	10. Maintain safety	_____	_____
	11. Attach the flowmeter/flow regulator as indicated	_____	_____
	12. Connect the tubing and delivery device	_____	_____
***	13. Turn on and adjust the flow rate to the correct dose	_____	_____
	14. Apply to the resident	_____	_____
	15. Verify the flow rate, humidifier if used, and the cleanliness of the device. Inspect the condition of the skin under the device	_____	_____
	Ending five:		
	16. Assist the resident to a comfortable position	_____	_____
	17. Open the room if appropriate	_____	_____
	18. Wash and dry hands thoroughly	_____	_____
***	19. Record and report	_____	_____
***	20. Maintain safety	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Provision of an Ice Bag

Name: _____

Score Required: 13/19 Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
***	1. Check record for type and length of time of treatment	_____	_____
	2. Gather the needed supplies/equipment	_____	_____
	3. Fill the ice bag half full of ice and remove the excess air	_____	_____
	4. Place a cover on the ice bag	_____	_____
	Beginning five:		
	5. Knock on resident room door to gain entrance	_____	_____
***	6. Identify the resident	_____	_____
	7. Provide privacy	_____	_____
	8. Wash and dry hands thoroughly	_____	_____
***	9. Maintain safety	_____	_____
	10. Uncover the body part to be treated	_____	_____
***	11. Apply the ice bag to the ordered body part	_____	_____
***	12. Check the skin under the ice bag frequently; check the ice bag for leakage	_____	_____
	13. Remove the ice bag at correct time; reinspect the skin	_____	_____
	Ending five:		
	14. Assist the resident to a comfortable position	_____	_____
	15. Open the room if appropriate	_____	_____
	16. Wash and dry hands thoroughly	_____	_____
	17. Record and report	_____	_____
***	18. Maintain safety	_____	_____
	19. Clean and return the equipment to storage	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Dressing Change

Name: _____

Score Required: 18 / 25

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
***	1. Check resident record for the type of dressings and the type of procedure to be used	_____	_____
	2. Gather the needed supplies/equipment	_____	_____
	Beginning five:		
	3. Knock on resident room door to gain entrance	_____	_____
***	4. Identify the resident	_____	_____
	5. Provide privacy	_____	_____
	6. Wash and dry hands thoroughly	_____	_____
***	7. Maintain safety	_____	_____
	8. Sanitize the overbed table including the sides. Place a clean drape on the table and position the equipment on a clean surface and within reach. Cut tape and place on edge of table. Open trash bags and place within reach. Open the clean dressings and place on the clean barrier.	_____	_____
	9. Assist the resident to a position to expose the old dressings	_____	_____
	10. Apply gloves	_____	_____
	11. Remove the old dressings and discard in a trash bag	_____	_____
	12. Inspect the wound	_____	_____
***	13. Clean the dry around the wound as directed/ordered	_____	_____
	14. Place the material used for cleaning in the trash bag	_____	_____
	15. Remove the soiled gloves and discard in a trash bag	_____	_____
	16. Apply a clean pair of gloves	_____	_____
***	17. Place the clean dressings on the wound and tape securely	_____	_____
	18. Remove the gloves and discard into a trash bag	_____	_____
	19. Close the trash bag(s) to be discarded outside of the resident's room	_____	_____
	Ending five:		
	20. Assist the resident to a comfortable position	_____	_____
	21. Open the room if appropriate	_____	_____
	22. Wash and dry hands thoroughly	_____	_____
	23. Record and report	_____	_____
***	24. Maintain safety	_____	_____
***	25. Discard the trash bag containing the soiled dressings into a trash container outside the resident room	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Tympanic Temperature

Name: _____

Score Required: 13 / 19

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

Needs Review

- | | | | |
|-----|--------------------------------------------------------------------------------|-------|-------|
| | 1. Gather the needed supplies/equipment | _____ | _____ |
| | Beginning five: | | |
| *** | 2. Knock on resident room door to gain entrance | _____ | _____ |
| | 3. Identify the resident | _____ | _____ |
| | 4. Provide privacy | _____ | _____ |
| | 5. Wash and dry hands thoroughly | _____ | _____ |
| *** | 6. Maintain safety | _____ | _____ |
| | 7. Turn on the thermometer unit | _____ | _____ |
| | 8. Apply a disposable cover to the temperature probe | _____ | _____ |
| *** | 9. Place the probe in the resident's ear canal | _____ | _____ |
| | 10. Hold the probe in place until the thermometer signals | _____ | _____ |
| *** | 11. Correctly read the temp from the display section of the thermometer unit | _____ | _____ |
| | 12. Discard the probe cover into a waste container | _____ | _____ |
| | 13. Turn off the thermometer unit, if applicable | _____ | _____ |
| | Ending five: | | |
| | 14. Assist the resident to a comfortable position | _____ | _____ |
| | 15. Open the room if appropriate | _____ | _____ |
| | 16. Wash and dry hands thoroughly | _____ | _____ |
| | 17. Record and report any abnormal reading to your supervisor STAT | _____ | _____ |
| *** | 18. Maintain safety | _____ | _____ |
| | 19. Return the thermometer unit to storage and to the recharger, if applicable | _____ | _____ |

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Electronic Oral Temperature

Name: _____

Score Required: 14 / 20

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u>
<u>Steps</u>			<u>Review</u>
	1. Gather the needed supplies/equipment	_____	_____
	Beginning five:		
***	2. Knock on resident room door to gain entrance	_____	_____
	3. Identify the resident	_____	_____
	4. Provide privacy	_____	_____
	5. Wash and dry hands thoroughly	_____	_____
***	6. Maintain safety	_____	_____
	7. Turn on the thermometer unit	_____	_____
	8. Apply a disposable cover to the temperature probe	_____	_____
***	9. Place the probe under the resident's tongue	_____	_____
	10. Have the resident close his mouth around the probe	_____	_____
	11. Hold the probe in place until the thermometer unit signals	_____	_____
***	12. Correctly read the temp from the display section of the thermometer unit	_____	_____
	13. Discard the probe cover into a waste container	_____	_____
	14. Turn off the thermometer unit, if applicable	_____	_____
	Ending five:		
	15. Assist the resident to a comfortable position	_____	_____
	16. Open the room if appropriate	_____	_____
	17. Wash and dry hands thoroughly	_____	_____
	18. Record and report any abnormal reading STAT	_____	_____
***	19. Maintain safety	_____	_____
	20. Return the thermometer unit to storage and to the recharger, if applicable	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Electronic Rectal Temperature

Name: _____

Score Required: 17 / 24

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
	1. Gather the needed supplies/equipment	_____	_____
	Beginning five:		
***	2. Knock on resident room door to gain entrance	_____	_____
	3. Identify the resident	_____	_____
	4. Provide privacy	_____	_____
	5. Wash and dry hands thoroughly	_____	_____
***	6. Maintain safety	_____	_____
	7. Turn on the thermometer unit	_____	_____
	8. Apply gloves	_____	_____
	9. Apply a disposable cover to the temperature probe	_____	_____
	10. Place a small amount of lubricating jelly on a tissue and apply the lubricant to the end of the probe	_____	_____
	11. Assist the resident on his side, the upper knee bent	_____	_____
	12. Expose the buttocks	_____	_____
***	13. Lift the upper buttock and gently insert the probe 1 to 1½ inches into the rectum. Cover the buttocks with the bed linen.	_____	_____
	14. Hold the probe in place until the thermometer unit signals	_____	_____
***	15. Correctly read the temp from the display section of the thermometer unit	_____	_____
	16. Discard the probe cover in a waste container	_____	_____
	17. Remove the gloves and discard in a waste container	_____	_____
	18. Turn off the thermometer unit	_____	_____
	Ending five:		
	19. Assist the resident to a comfortable position	_____	_____
	20. Open the room if appropriate	_____	_____
	21. Wash and dry hands thoroughly	_____	_____
	22. Record and report any abnormal reading STAT	_____	_____
***	23. Maintain safety	_____	_____
	24. Return the thermometer unit to storage and to the recharger, if applicable	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Electronic Axillary Temperature

Name: _____

Score Required: 15 / 21

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

Needs Review

	1. Gather the needed supplies/equipment	_____	_____
	Beginning five:		
***	2. Knock on resident room door to gain entrance	_____	_____
	3. Identify the resident	_____	_____
	4. Provide privacy	_____	_____
	5. Wash and dry hands thoroughly	_____	_____
***	6. Maintain safety	_____	_____
	7. Turn the thermometer unit on	_____	_____
	8. Assist the resident to remove the resident's arm from the gown or clothing and wipe away any moisture from under the arm with a tissue	_____	_____
	9. Apply a disposable cover to the temperature probe	_____	_____
***	10. Place the probe in the center of the armpit and fold the resident's arm across his chest	_____	_____
	11. Hold the probe in place until the thermometer unit signals	_____	_____
***	12. Correctly read the temp from the display section of the thermometer unit	_____	_____
	13. Discard the probe cover and discard in waste container	_____	_____
	14. Assist the resident to place his arm into the gown or clothing	_____	_____
	15. Turn off the thermometer unit	_____	_____
	Ending five:		
	16. Assist the resident to a comfortable position	_____	_____
	17. Open the room if appropriate	_____	_____
	18. Wash and dry hands thoroughly	_____	_____
	19. Record and report any abnormal reading to your supervisor STAT	_____	_____
***	20. Maintain safety	_____	_____
	21. Return the thermometer unit to storage and to the recharger, if applicable	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Apical Pulse

Name: _____

Score Required: 13 / 18

Actual Score: _____

Critical

Steps

Steps of the Procedure:

Satisfactory

**Needs
Review**

	1. Gather the needed supplies/equipment	_____	_____
	Beginning five:		
***	2. Knock on resident room door to gain entrance	_____	_____
	3. Identify the resident	_____	_____
	4. Provide privacy	_____	_____
	5. Wash and dry hands thoroughly	_____	_____
***	6. Maintain safety	_____	_____
	7. Assist the resident to a position to access the resident's chest, if indicated; provide a quiet environment	_____	_____
	8. Clean the ear pieces and the diaphragm	_____	_____
***	9. Uncover the left side of the chest maintaining privacy	_____	_____
	10. Place the ear pieces of the stethoscope in ears and the diaphragm on the resident's chest under the left nipple	_____	_____
***	11. Count the heart beat for 60 seconds	_____	_____
	Ending five:		
	12. Assist the resident to a comfortable position	_____	_____
	13. Open the room, if appropriate	_____	_____
	14. Wash and dry hands thoroughly	_____	_____
	15. Record and report any abnormal reading STAT	_____	_____
***	16. Maintain safety	_____	_____
	17. Clean the equipment and return to storage	_____	_____
***	18. Pulse must be within 4 BPM of tester	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Radial Pulse

Name: _____

Score Required: 11 / 15

Actual Score: _____

Critical

<u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed equipment	_____	_____
	Beginning five:		
***	2. Knock on resident room door to gain entrance	_____	_____
	3. Identify the resident	_____	_____
	4. Provide privacy	_____	_____
	5. Wash and dry hands thoroughly	_____	_____
***	6. Maintain safety	_____	_____
	7. Position the resident appropriately so the arm is supported and comfortable for the resident	_____	_____
	8. Press gently until a pulse is felt over the radial artery	_____	_____
	9. Count the number of beats for one full minute	_____	_____
	Ending five:		
	10. Assist the resident to a comfortable position	_____	_____
	11. Open the room if appropriate	_____	_____
	12. Wash and dry hands thoroughly	_____	_____
	13. Record and report any abnormal reading to your supervisor STAT	_____	_____
***	14. Maintain safety	_____	_____
***	15. Radial pulse should match the tester within 4 BPM	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Respirations

Name: _____

Score Required: 10 / 14

Actual Score: _____

<u>Critical</u>			<u>Satisfactory</u>	<u>Needs</u>
<u>Steps</u>	<u>Steps of the Procedure:</u>			<u>Review</u>
	1. Gather the needed supplies/equipment		_____	_____
	Beginning five:			
	2. Knock on resident room door to gain entrance		_____	_____
***	3. Identify the resident		_____	_____
	4. Provide privacy		_____	_____
	5. Wash and dry hands thoroughly		_____	_____
***	6. Maintain safety		_____	_____
	7. Position the resident appropriately		_____	_____
	8. Count the number of respirations for one full minute		_____	_____
	Ending five:			
	9. Assist the resident to a comfortable position		_____	_____
	10. Open the room if appropriate		_____	_____
	11. Wash and dry hands thoroughly		_____	_____
	12. Record and report any abnormal reading STAT		_____	_____
***	13. Maintain safety		_____	_____
***	14. Respirations should match the tester within two/minute		_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Blood Pressure

Name: _____

Score Required: 17 / 24

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed supplies/equipment	_____	_____
	2. Clean the ear tips and diaphragm of the stethoscope	_____	_____
	Beginning five:		
	3. Knock on the resident room to gain entrance	_____	_____
***	4. Identify the resident	_____	_____
	5. Provide privacy	_____	_____
	6. Wash and dry hands thoroughly	_____	_____
***	7. Maintain safety	_____	_____
	8. Position the resident comfortably with arm supported at the heart level	_____	_____
	9. Wrap the cuff smoothly and snugly, 1-1½ inches above the elbow	_____	_____
	10. Locate and center the cuff tubing over the brachial artery	_____	_____
	11. Close the valve of the sphygmomanometer bulb	_____	_____
***	12. Place the diaphragm over the brachial pulse and the ear pieces in your ears	_____	_____
***	13. Inflate the cuff to about 30 mm above the resident's usual blood pressure (if this is unknown inflate to 30 mm above the point where the radial pulse disappears)	_____	_____
	14. Deflate the cuff slowly by turning the thumbscrew counter-clockwise and listen for the sounds	_____	_____
***	15. Note the measurement of the first sound and the last sound	_____	_____
	16. When no sound is heard, deflate the cuff to zero	_____	_____
	17. Remove stethoscope from your ears and remove the cuff	_____	_____
	Ending five:		
	18. Assist the resident to a comfortable position	_____	_____
	19. Open the room if appropriate	_____	_____
	20. Wash and dry hands thoroughly	_____	_____
	21. Record and report any abnormal reading STAT	_____	_____
***	22. Maintain safety	_____	_____
	23. Clean stethoscope ear tips and diaphragm and return to storage	_____	_____
***	24. The blood pressure reading should match the tester within 4 points of each number	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

PRN Medication

Name: _____

Score Required: 20 / 29

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Check when the PRN med was last given and how often the medication can be given	_____	_____
	2. Check the reason for the drug	_____	_____
	3. Verify with the person providing direction and monitoring	_____	_____
***	4. Give the drug ONLY for the correct reason and at the right time	_____	_____
	Set Up the Medication:		
	5. Wash and dry hands thoroughly	_____	_____
***	6. First safety check	_____	_____
***	7. Second safety check	_____	_____
	8. Pour the correct dose of medication	_____	_____
***	9. Third safety check	_____	_____
	10. Return the medication container to storage	_____	_____
	11. Secure the other medications	_____	_____
	Beginning five:		
	12. Knock on resident room door to gain entrance	_____	_____
***	13. Identify the resident	_____	_____
	14. Provide privacy	_____	_____
	15. Wash and dry hands thoroughly	_____	_____
***	16. Maintain safety	_____	_____
	17. Position the resident, if indicated	_____	_____
	18. Final preparations, if indicated	_____	_____
	19. Apply gloves, if indicated	_____	_____
***	20. Provide the medication according to the five rights	_____	_____
	21. Remove gloves if used and discard in a waste container	_____	_____
	Ending five:		
	22. Assist the resident to a comfortable position	_____	_____
	23. Open the room if appropriate	_____	_____
	24. Wash and dry hands thoroughly	_____	_____
	25. Record and report the time given and the reason	_____	_____
***	26. Maintain safety	_____	_____
***	27. Observe the resident as directed	_____	_____
***	28. Check medication results one hour later and record	_____	_____
	29. Report observations as directed	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Vaginal Cream

Name: _____

Score Required: 23/33

Actual Score: _____

<u>Critical</u>	<u>Steps</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	Steps of the Procedure:		
	1. Gather the needed supplies	_____	_____
	Set Up the Medication:		
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Pour the correct dose of medication	_____	_____
***	6. Third safety check	_____	_____
	7. Return medication container to storage	_____	_____
	8. Secure the other medications	_____	_____
	Beginning five:		
	9. Knock on resident room door to gain entrance	_____	_____
***	10. Identify the resident	_____	_____
	11. Provide privacy	_____	_____
	12. Wash and dry hands thoroughly	_____	_____
***	13. Maintain safety	_____	_____
	14. Position the equipment on a clean barrier within reach	_____	_____
	15. Apply gloves	_____	_____
	16. Final preparation	_____	_____
	17. Position the resident on her back with knees bent	_____	_____
	18. Drape the resident to expose only the genitalia	_____	_____
	19. Inspect the external genitalia, vaginal canal	_____	_____
	20. Separate the labia	_____	_____
***	21. Using the index finger or an applicator, insert the medication 3-4 inches into the vagina	_____	_____
	22. Remove the applicator and place on a paper towel	_____	_____
	23. Wipe off residual cream from the labia	_____	_____
	24. Instruct the resident to remain on her back for at least 10 minutes	_____	_____
	25. Remove the drape	_____	_____
	26. Dispose of or clean supplies	_____	_____
	27. Remove gloves and discard into a waste container	_____	_____
	Ending five:		
	28. Assist the resident to a comfortable position	_____	_____
	29. Open the room if appropriate	_____	_____
	30. Wash and dry hands thoroughly	_____	_____
***	31. Maintain safety	_____	_____
	32. Record and report the time given and the reason	_____	_____
	33. Rinse out the applicator and return to storage	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Rectal Suppository

Name: _____

Score Required: 21 / 30

Actual Score: _____

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed supplies Set up the medication	_____	_____
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Pour the correct dose of medication	_____	_____
***	6. Third safety check	_____	_____
	7. Return the medication container to storage	_____	_____
	8. Secure the other medications	_____	_____
	Beginning five:		
	9. Knock on resident room door to gain entrance	_____	_____
***	10. Identify the resident	_____	_____
	11. Provide privacy	_____	_____
	12. Wash and dry hands thoroughly	_____	_____
***	13. Maintain safety	_____	_____
	14. Position the equipment on a clean barrier within reach	_____	_____
	15. Assist the resident on his left side, upper leg flexed	_____	_____
	16. Drape the buttocks to expose the anus	_____	_____
	17. Apply gloves	_____	_____
	18. Remove the suppository from wrapper, apply lubricant	_____	_____
	19. Lift buttocks to expose anus	_____	_____
	20. Instruct the resident to take several deep breaths through the mouth	_____	_____
***	21. Deliver the medication according to the five rights. Direct the tapered end of suppository toward umbilicus	_____	_____
	22. Encourage the resident to retain the suppository for at least 20 minutes.	_____	_____
	23. Wipe off excess lubricant from the anal area	_____	_____
	24. Remove the drape	_____	_____
	25. Dispose of supplies, and remove gloves and discard into a waste container	_____	_____
	Ending five:		
	26. Assist the resident to a comfortable position	_____	_____
	27. Open the room if appropriate	_____	_____
	28. Wash and dry hands thoroughly	_____	_____
	29. Record and report the time given with the reason	_____	_____
***	30. Maintain safety	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Provision of One Type of Insulin

Name: _____

Score Required: 30 / 43

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed equipment and supplies	_____	_____
	Set Up the Medication:		
***	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. If using intermediate or long-acting insulin, roll the vial	_____	_____
	6. Check how many units are needed	_____	_____
	7. Wipe the top of the insulin vial with an alcohol prep	_____	_____
	8. Pull back on syringe plunger to the amount of insulin ordered	_____	_____
	9. Insert the needle into the vial and push the air in the vial	_____	_____
***	10. With needle in vial, turn upside down and draw up the correct dose	_____	_____
	11. If air bubbles are visible, tap the side of the syringe and push out air bubbles and extra insulin	_____	_____
***	12. Remove the syringe and recap needle with one hand	_____	_____
***	13. Third safety check	_____	_____
***	14. Have insulin dose checked by another person per policy	_____	_____
	15. Return medication container to storage	_____	_____
	16. Secure the other medications	_____	_____
	17. Select injection site according to rotation plan	_____	_____
	Beginning five:		
***	18. Knock on resident room door to gain entrance	_____	_____
***	19. Identify the resident	_____	_____
	20. Provide privacy	_____	_____
***	21. Wash and dry hands thoroughly	_____	_____
***	22. Maintain safety	_____	_____
	23. Position the equipment on clean barrier within reach	_____	_____
	24. Assist the resident to access the injection site	_____	_____
	25. Apply gloves	_____	_____
	26. Clean the injection site with alcohol in circular motion and let air dry	_____	_____
	27. Remove the protective needle sheath	_____	_____
	28. With the nondominant hand, pinch the skin	_____	_____
	29. Instruct the resident he/she will feel a prick	_____	_____
	30. With the dominant hand, insert the needle at the	_____	_____

Medication Aide Procedure Checklist

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	appropriate angle		
	31. Inject the insulin in a steady slow motion	_____	_____
	32. When the syringe is empty, pull the needle out at the same angle	_____	_____
	33. Apply pressure to the injection site to prevent leaking	_____	_____
	34. Pull the protective guard over the needle	_____	_____
	35. Dispose of the syringe in a sharps container	_____	_____
	36. Dispose of or clean supplies	_____	_____
	37. Remove gloves and discard in trash container	_____	_____
	Ending five:		
	38. Assist the resident to a comfortable position	_____	_____
	39. Open the room, if appropriate	_____	_____
	40. Wash and dry hands thoroughly	_____	_____
	41. Record medication with injection site and report	_____	_____
***	42. Maintain safety	_____	_____
	43. Observe frequently for diabetic reactions	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Combining Two Insulins for Insulin Injection

Name: _____

Score Required: 32 / 46

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed equipment and supplies	_____	_____
	Set Up the Medications:		
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. If using intermediate or long-acting insulin, roll the vial	_____	_____
	6. Wipe the tops of the insulin vials with alcohol preps	_____	_____
	7. Check how many units of intermediate or long-acting (cloudy) insulin you need to inject. Pull back the plunger to draw that amount of air into the syringe that matches the ordered insulin dose.	_____	_____
	8. Insert the needle into vial #1, push the air in; remove syringe and needle	_____	_____
	9. Check how many units of rapid or short-acting (clear) insulin you need to inject. Pull back the plunger to that number of units that matches the insulin order.	_____	_____
	10. Insert the needle into vial #2, push the air in	_____	_____
***	11. Invert vial #2, pull back the plunger to withdraw the amount ordered	_____	_____
	12. If air bubbles visible, tap the side of syringe and push out or push the plunger all the way in and withdraw again slowly to get rid of the bubbles	_____	_____
***	13. Have insulin dose checked by another nurse per policy	_____	_____
	14. Withdraw syringe from vial #2 and insert into vial #1	_____	_____
***	15. Invert vial #1 and withdraw the ordered amount	_____	_____
	16. Remove syringe from vial #1 and recap the needle without contaminating	_____	_____
***	17. Third safety check	_____	_____
***	18. Have insulin dose checked by another nurse as per policy	_____	_____
	19. Return containers to storage	_____	_____
	20. Secure the other medications	_____	_____
	21. Choose the injection site according to rotation plan	_____	_____
	Beginning five:		
***	22. Knock on resident room door to gain entrance	_____	_____
	23. Identify the resident	_____	_____

Medication Aide Procedure Checklist

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>	
***	24. Provide privacy	_____	_____	
	25. Wash and dry hands thoroughly	_____	_____	
	26. Maintain safety	_____	_____	
	27. Position the equipment on a clean barrier within reach	_____	_____	
	28. Assist the resident to access the injection site	_____	_____	
	29. Apply gloves	_____	_____	
	30. Clean the injection site with alcohol in circular motion and let air dry	_____	_____	
	31. Remove the protective needle sheath	_____	_____	
	32. With the nondominant hand, pinch the skin	_____	_____	
	33. Instruct the resident he/she will feel a prick	_____	_____	
	34. With the dominant hand, insert the needle at the appropriate degree angle	_____	_____	
	35. Inject the insulin in a steady slow motion	_____	_____	
	36. When syringe is empty, pull needle out at the same angle	_____	_____	
	37. Apply pressure to the injection site to prevent leaking	_____	_____	
	38. Pull the protective guard over the needle	_____	_____	
	39. Dispose of the syringe in a sharps container	_____	_____	
	40. Remove gloves and discard into a trash container	_____	_____	
	Ending five:			
	***	41. Assist the resident to a comfortable position	_____	_____
		42. Open the room if appropriate	_____	_____
43. Wash and dry hands thoroughly		_____	_____	
44. Record the medication with the injection site and report		_____	_____	
45. Maintain safety		_____	_____	
46. Observe frequently for diabetic reactions		_____	_____	

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Provision of Intradermal Injection

Name: _____

Score Required: 25 / 36

Actual Score: _____

<u>Critical Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed equipment and supplies	_____	_____
	Set Up the Medication:		
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Withdraw medication into syringe from vial or ampule using appropriate technique.	_____	_____
***	6. Third safety check	_____	_____
	7. Return medication container to storage or dispose of properly	_____	_____
	8. Secure the other medications	_____	_____
	9. Select injection site according to plan	_____	_____
	10. Take the medication and alcohol wipe to the resident.	_____	_____
	Beginning five:		
	11. Knock on resident room door to gain entrance	_____	_____
***	12. Identify the resident	_____	_____
	13. Provide privacy	_____	_____
	14. Wash and dry hands thoroughly	_____	_____
***	15. Maintain safety	_____	_____
	16. Position the equipment on clean barrier within reach	_____	_____
	17. Assist the resident to access the injection site Inspect site for bruises, tenderness or irritation	_____	_____
	18. Apply gloves	_____	_____
	19. Clean the injection site with alcohol in circular motion and let air dry	_____	_____
	20. Remove the protective needle sheath	_____	_____
	21. With one hand, gently stretch skin between with forefinger and thumb.	_____	_____
	22. Instruct the resident he/she will feel a prick	_____	_____
	23. With your other hand, hold the syringe almost level with the skin. Gently insert the needle in under the skin at a 5-15 degree angle with the bevel up until resistance is felt	_____	_____
	24. Press the plunger in a gentle, steady motion until the medication is gone. A small bleb will form	_____	_____
	25. When the syringe is empty, pull the needle out at the same angle	_____	_____
	26. Apply gentle pressure to the injection site to prevent leaking	_____	_____

Medication Aide Procedure Checklist

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	27. Pull the protective guard over the needle	_____	_____
	28. Dispose of the syringe and needle in a sharps container	_____	_____
	29. Dispose of or clean supplies	_____	_____
	30. Remove gloves and discard in trash container	_____	_____
	Ending five:		
	31. Assist the resident to a comfortable position	_____	_____
	32. Open the room if appropriate	_____	_____
	33. Wash and dry hands thoroughly	_____	_____
	34. Record medication with injection site and report	_____	_____
***	35. Maintain safety	_____	_____
	36. Observe frequently for reactions	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Provision of Subcutaneous Injection

Name: _____

Score Required: 26 / 37

Actual Score: _____

<u>Critical</u>		<u>Satisfactory</u>	<u>Needs</u>
<u>Steps</u>	<u>Steps of the Procedure:</u>		<u>Review</u>
	1. Gather the needed equipment and supplies	_____	_____
	Set Up the Medication:		
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Withdraw medication into syringe from vial or ampule using appropriate technique	_____	_____
***	6. Third safety check	_____	_____
	7. Return medication container to storage or dispose of properly	_____	_____
	8. Secure the other medications	_____	_____
	9. Select injection site according to plan	_____	_____
	10. Take the medication and alcohol wipe to the resident	_____	_____
	Beginning five:		
	11. Knock on resident room door to gain entrance	_____	_____
***	12. Identify the resident	_____	_____
	13. Provide privacy	_____	_____
	14. Wash and dry hands thoroughly	_____	_____
***	15. Maintain safety	_____	_____
	16. Position the equipment on clean barrier within reach	_____	_____
	17. Assist the resident to access the injection site Inspect site for bruises, tenderness or irritation	_____	_____
	18. Apply gloves	_____	_____
	19. Clean the injection site with alcohol in circular motion and let air dry	_____	_____
	20. Remove the protective needle sheath	_____	_____
	21. With one hand, gently pinch skin between with forefinger and thumb	_____	_____
	22. Instruct the resident he/she will feel a prick	_____	_____
	23. With your other hand, hold the syringe like a pencil or dart. Gently insert the needle quickly and firmly at a 45-90 degree angle.	_____	_____
	24. Release the skin. Do not let go of or move the syringe.	_____	_____
	25. Pull back on the plunger. If no blood appears, press the plunger in a gentle, steady motion until the medication is gone	_____	_____
	26. When the syringe is empty, pull the needle out at the same angle	_____	_____
	27. Apply gentle pressure to the injection site to	_____	_____

Medication Aide Procedure Checklist

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	prevent leaking		
	28. Pull the protective guard over the needle	_____	_____
	29. Dispose of the syringe and needle in a sharps container	_____	_____
	30. Dispose of or clean supplies	_____	_____
	31. Remove gloves and discard in trash container	_____	_____
	Ending five:		
	32. Assist the resident to a comfortable position	_____	_____
	33. Open the room if appropriate	_____	_____
	34. Wash and dry hands thoroughly	_____	_____
	35. Record medication with injection site and report	_____	_____
***	36. Maintain safety	_____	_____
	37. Observe frequently for reactions	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist
Provision of Intramuscular Injection

Name: _____

Score Required: 26 / 37

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Gather the needed equipment and supplies	_____	_____
	Set Up the Medication:		
***	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Withdraw medication into syringe from vial or ampule using appropriate technique	_____	_____
***	6. Third safety check	_____	_____
	7. Return medication container to storage or dispose of properly	_____	_____
	8. Secure the other medications	_____	_____
	9. Select injection site according to plan	_____	_____
	10. Take the medication and alcohol wipe to the resident	_____	_____
	Beginning five:		
***	11. Knock on resident room door to gain entrance	_____	_____
***	12. Identify the resident	_____	_____
	13. Provide privacy	_____	_____
***	14. Wash and dry hands thoroughly	_____	_____
***	15. Maintain safety	_____	_____
	16. Position the equipment on clean barrier within reach	_____	_____
	17. Assist the resident to access the injection site Inspect site for bruises, tenderness or irritation	_____	_____
	18. Apply gloves	_____	_____
	19. Clean the injection site with alcohol in circular motion and let air dry	_____	_____
	20. Remove the protective needle sheath	_____	_____
	21. With one hand, gently spread skin between with forefinger and thumb to one side	_____	_____
	22. Instruct the resident he/she will feel a prick	_____	_____
	23. With your other hand, hold the syringe like a pencil or dart. Gently insert the needle quickly and firmly at a 90 degree angle	_____	_____
	24. Release the skin. Do not let go of or move the syringe.	_____	_____
	25. Pull back on the plunger. If no blood appears, press the plunger in a gentle, steady motion until the medication is gone	_____	_____
	26. When the syringe is empty, pull the needle out at the same angle	_____	_____
	27. Apply gentle pressure to the injection site to	_____	_____

Medication Aide Procedure Checklist

<u>Critical</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	prevent leaking		
	28. Pull the protective guard over the needle	_____	_____
	29. Dispose of the syringe and needle in a sharps container	_____	_____
	30. Dispose of or clean supplies	_____	_____
	31. Remove gloves and discard in trash container	_____	_____
	Ending five:		
	32. Assist the resident to a comfortable position	_____	_____
	33. Open the room if appropriate	_____	_____
	34. Wash and dry hands thoroughly	_____	_____
	35. Record medication with injection site and report	_____	_____
***	36. Maintain safety	_____	_____
	37. Observe frequently for reactions	_____	_____

Comments:

Date:

Tester:

Medication Aide Procedure Checklist

Providing Medications via Feeding Tube

Name: _____

Score Required: 32 / 45

Actual Score: _____

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs Review</u>
	1. Obtain the needed supplies/equipment	_____	_____
	Set Up the Medication(s):		
	2. Wash and dry hands thoroughly	_____	_____
***	3. First safety check	_____	_____
***	4. Second safety check	_____	_____
	5. Pour each medication in a separate med cup	_____	_____
***	6. Third safety check	_____	_____
	7. Return the medication container to storage	_____	_____
	8. Secure the other medications	_____	_____
	9. Crush the meds that need crushing and place in one cup	_____	_____
	10. Add 30-45 cc of warm water to the cup of crushed meds. Dilute thick liquids.	_____	_____
	Beginning five:		
	11. Knock on resident room door to gain entrance	_____	_____
***	12. Identify the resident	_____	_____
	13. Provide privacy	_____	_____
	14. Wash and dry hands thoroughly	_____	_____
***	15. Maintain safety	_____	_____
	16. Position the equipment on a clean barrier within reach	_____	_____
***	17. Position the resident with the HOB at 30-45 degrees	_____	_____
	18. Explain procedure to resident	_____	_____
	19. Apply gloves	_____	_____
	20. Position a protective barrier under the tube connection site	_____	_____
	21. Remove clamp or plug from end of tube	_____	_____
***	22. Check for proper placement of the feeding tube	_____	_____
	23. Check the stomach for residual feeding	_____	_____
	24. Remove plunger and attach syringe to tube end	_____	_____
	25. Hold the syringe 6 inches above the level where the tube enters the resident's body	_____	_____
	26. Flush the feeding tube with 30 cc warm water	_____	_____
***	27. Pour the liquefied meds into the syringe; allow to flow by gravity	_____	_____
***	28. Flush the tube with 5-10 cc water between crushed and liquid meds. Rinse medication cup with water and pour into syringe	_____	_____

Medication Aide Procedure Checklist

<u>Critical</u> <u>Steps</u>	<u>Steps of the Procedure:</u>	<u>Satisfactory</u>	<u>Needs</u> <u>Review</u>
***	29. Flush the tube with a minimum of 30 cc water after all the medications have flowed in	_____	_____
	30. Reclamp or plug the feeding tube	_____	_____
	31. Remove the protective drape	_____	_____
	32. Instruct the resident to sit upright or on right side for at least 20 minutes.	_____	_____
	33. Dispose of or clean supplies	_____	_____
	34. Remove gloves and discard into a trash container	_____	_____
	35. Rinse equipment and store with protective cover	_____	_____
	36. Ensure the syringe is labeled with the resident's name and the date opened; replace every 24 hours	_____	_____
	Ending five:		
	37. Assist the resident to a comfortable position	_____	_____
	38. Open the room if appropriate	_____	_____
	39. Wash and dry hands thoroughly	_____	_____
	40. Record and report the total amount of water given	_____	_____
***	41. Maintain safety	_____	_____

Comments:

Date:

Tester: