

#79 - DOCUMENTING MEDICATION ADMINISTRATION

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Reviewed the order carefully against the MAR.				
2. Verified that the order was complete and accurate. Made sure it included patient's full name, drug name ordered, dosage, route, and frequency or timing of administration.				
3. Consulted the prescriber if necessary.				
4. After receiving a telephone or verbal order, entered it into the MAR and read the entire order back to the prescriber. At the end of the order, wrote TO for telephone order or VO for verbal order. Included the prescriber's name. Indicated that the order was read back.				
5. Before administering medication, identified the patient using two identifiers according to agency policy. Verified the identification against the MAR.				
6. Asked the patient if he or she had any allergies.				
7. Used a bar code scanner if agency had such a system.				
8. Immediately after medication administration, documented the following in the patient's MAR: <ol style="list-style-type: none"> Drug name. Dosage. Route of administration and location of the injection site, if applicable. Actual time the medication was given. For PRN medications, included the indication for administration and the patient's therapeutic response. For medications that were held, documented the time, and reason for withholding the medications, and any additional action taken, such as notifying the prescriber. For medications that require a pre-assessment, included information on the MAR. Marked each entry with initials or signature per agency policy. 				
9. Guidelines for documenting the medication administration: <ol style="list-style-type: none"> Entered only medications they administered or witnessed the patient self-administer. 				

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| <ul style="list-style-type: none"> b. If handwriting, complied with the standardized list of abbreviations, acronyms, symbols, and dose designations approved by agency policy. c. Used Tall Man lettering. d. When entering a drug dosage, never added a trailing zero after a whole number and always included a zero preceding a decimal value of less than 1. e. Recorded allergy information in several places including the MAR, electronic medical record, or the front of the patient's chart. | | | | |
| <p>10. Documented drugs dispensed by a medication dispensing system the same as drugs dispensed by other means.</p> | | | | |
| <p>11. If a patient refused a medication, documented the reason for refusal and if the prescriber was notified. If a narcotic was wasted, recorded this on the narcotic administration form (or entered it in the appropriate computer document) and had the witnessing nurse sign it to indicate that the drug was discarded properly. Followed agency policy.</p> | | | | |
| <p>12. Observed and documented the patient's therapeutic response to the medication, and monitored for side effects. Notified the provider of any serious adverse events.</p> | | | | |

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed ***** = Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____