

**Instructions for Completing the  
Medication Administration Clinical Skills Checklist**  
**Developed by the Division of Health Service Regulation, Adult Care Licensure Section**  
**2708 Mail Service Center, Raleigh, NC 27699-2708 (919) 855-3793**

**TO ALL INSTRUCTORS:**

Unlicensed staff who administer medications and supervisors of staff responsible for administering medications in adult care homes must have a registered pharmacist or registered nurse validate the staff's competency for tasks or skills that will be performed in the facility prior to the unlicensed staff administering medications. Staff is required to successfully pass a written competency test approved by the Department of Health and Human Services no later than 90 days after the successful completion of the clinical skills checklist. The Medication Administration Clinical Skills Checklist is a standardized checklist and the **only one to be used for validating staff**. Refer to regulations 10A NCAC 13F/13G .0403 and .0503.

The guidelines and attachments are provided to assist with training and validation, as well as, provide the minimum standards for staff administering medications in adult care homes. Tasks listed in the left column of the guidelines match the tasks on Medication Administration Clinical Skills Checklist and the right column of the guidelines provides information for training and validation. It will be the instructor's responsibility to determine that the employee has demonstrated competency in performing the tasks or skills by using the guidelines and checklist.

The instructor needs to be knowledgeable of the regulations and interpretations of regulations related to medication administration for adult care homes. As indicated on the checklist, the instructor is to review the guidelines and checklist prior to the observation of the tasks or skills.

**Directions for completing checklist**

1. The name of the employee and adult care home are to be written on each page of the checklist. The checklist is not transferable.
2. All documentation on the checklist is to be in ink. Items that have an (\*) by the tasks or skills must be checked off only by a registered nurse.
3. When the employee has demonstrated competency for a task or skill, the instructor is to complete the "Satisfactory Completion Date" block and the "Inst. Initials/Signature" block to the right next to the completion block. The "Needs More Training" and "Inst. Initials/Signature" is to be completed if the employee needs further training in an area or needs to be observed again.
4. **Sections 1 through 14** - Must be completed for each unlicensed staff person, unless otherwise indicated on the checklist or guidelines. **\*\* Section 13 K through P – tasks under Licensed Health Professional Support. Refer to regulations 10A NCAC 13F/13G .0504, .0505 and .0903 and the instructions on the Guidelines for Completing the Medication Administration Clinical Skills Checklist.**
5. **Section 1**- Competency may be determined by asking the employees questions or by a written test.
6. **Sections 2 through 13** - The employee is to be observed actually performing the task or skill or at least be able to verbalize and demonstrate competency to perform the task or skill. Further instructions are provided in the guidelines for the tasks or skills in Section 13.
7. The employee and instructor are to sign and date the checklist after the completion of tasks.
8. If competency validation for additional tasks on the Medication Administration Clinical Skills Checklist is needed after the employee and instructor have signed the checklist, then the additional tasks/skills may be checked off, initialed and dated by the instructor on the original checklist and signed and dated by the instructor and employee again in the "Comment" section or a new checklist may be used and attached to the original checklist.
9. The "Comment" section may be used to document any additional information, including signatures.
10. The checklist must be maintained on file in the facility.

**If you have any questions about completing the checklist or comments, please call the  
Adult Care Licensure Section at the above phone number.**

## Medication Administration Clinical Skills Checklist

The unlicensed staff must (without prompting or error) demonstrate the following skills or tasks in accordance with the guidelines on the attachments with 100% accuracy to a registered nurse or pharmacist. Competency validation by the registered nurse or pharmacist is to be in accordance with their occupational licensing laws. Items that are (\*) must be checked off **only** by a registered nurse.

**Instructor – Refer to attachment on instructions and guidelines for completing this checklist prior to beginning observation of skills or tasks. (Latest revision of guidelines for checklist is dated 10/05)**

| Skill/<br>Tasks                                                                                                                                                                                                                                                                                        | Satisfactory<br>Completion<br>Date | Inst.<br>Initials/<br>Signature | Needs More Training | Inst.<br>Initials/<br>Signature |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|---------------------|---------------------------------|
| <b>1. Basic Medication Administration Information and Medical Terminology (Refer to attachment)</b>                                                                                                                                                                                                    |                                    |                                 |                     |                                 |
| A. Matched common medical abbreviations with their meaning                                                                                                                                                                                                                                             |                                    |                                 |                     |                                 |
| B. Listed/Described common dosage forms of medications and routes of administration                                                                                                                                                                                                                    |                                    |                                 |                     |                                 |
| C. Listed the 6 rights of medication administration                                                                                                                                                                                                                                                    |                                    |                                 |                     |                                 |
| D. Described what constitutes a medication error and actions to take when a medication error is made or detected                                                                                                                                                                                       |                                    |                                 |                     |                                 |
| E. Described resident's rights regarding medications, i.e., refusal, privacy, respect                                                                                                                                                                                                                  |                                    |                                 |                     |                                 |
| F. Defined medication "allergy"                                                                                                                                                                                                                                                                        |                                    |                                 |                     |                                 |
| G. Demonstrated the use medication resources or references                                                                                                                                                                                                                                             |                                    |                                 |                     |                                 |
| <b>2. Medication Orders (Refer to attachment)</b>                                                                                                                                                                                                                                                      |                                    |                                 |                     |                                 |
| A. Listed or Recognized the components of a complete medication order                                                                                                                                                                                                                                  |                                    |                                 |                     |                                 |
| B. Transcribed orders onto the MAR<br>1. Used proper abbreviations<br>2. Calculated stop dates correctly<br>3. Transcribed PRN orders appropriately<br>4. Copied orders completely and legibly and/or checked computer sheets against orders and applied to the MAR<br>5. Discontinued orders properly |                                    |                                 |                     |                                 |
| C. Described responsibility in relation to telephone orders                                                                                                                                                                                                                                            |                                    |                                 |                     |                                 |
| D. Described responsibility in relation to admission and readmission orders and FL-2                                                                                                                                                                                                                   |                                    |                                 |                     |                                 |
| E. Described or Demonstrated the process for ordering medications and receiving medications from pharmacy                                                                                                                                                                                              |                                    |                                 |                     |                                 |
| F. Identified required information on the medication label                                                                                                                                                                                                                                             |                                    |                                 |                     |                                 |
| <b>3. Demonstrated appropriate technique to obtain and record the following: (Refer to Attachment)</b>                                                                                                                                                                                                 |                                    |                                 |                     |                                 |
| A. * Blood Pressure                                                                                                                                                                                                                                                                                    |                                    |                                 |                     |                                 |
| B. * Temperature                                                                                                                                                                                                                                                                                       |                                    |                                 |                     |                                 |
| C. * Pulse                                                                                                                                                                                                                                                                                             |                                    |                                 |                     |                                 |
| D. * Respirations                                                                                                                                                                                                                                                                                      |                                    |                                 |                     |                                 |
| E. Fingerticks/Glucose Monitoring (Only required to be validated if the employee will be performing this task.)                                                                                                                                                                                        |                                    |                                 |                     |                                 |

**EMPLOYEE NAME :** \_\_\_\_\_

**ADULT CARE HOME NAME:** \_\_\_\_\_

**Medication Administration Clinical Skills Checklist**

| Skill/<br>Tasks                                                                                                                                                                                                     | Satisfactory<br>Completion<br>Date | Inst.<br>Initials/<br>Signature | Needs More Training | Inst.<br>Initials/<br>Signature |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|---------------------|---------------------------------|
| <b>4. If medications are prepared in advance, procedures, including documentation, are in accordance with regulation 10A NCAC 13F/13G .1004. (Refer to Attachment)</b>                                              |                                    |                                 |                     |                                 |
| <b>5. Administration of Medications (Refer to attachment)</b>                                                                                                                                                       |                                    |                                 |                     |                                 |
| A. Identified resident                                                                                                                                                                                              |                                    |                                 |                     |                                 |
| B. Gathered appropriate equipment and keeps equipment clean                                                                                                                                                         |                                    |                                 |                     |                                 |
| C. MAR utilized when medications are administered and also when medications are prepared or poured (if prepouring is allowed)                                                                                       |                                    |                                 |                     |                                 |
| D. Read the label 3 times; Label is checked against order on MAR                                                                                                                                                    |                                    |                                 |                     |                                 |
| E. Used sanitary technique when pouring and preparing medications into appropriate container                                                                                                                        |                                    |                                 |                     |                                 |
| F. Offered sufficient fluids with medications                                                                                                                                                                       |                                    |                                 |                     |                                 |
| G. Observed resident taking medications and assures all medications have been swallowed.                                                                                                                            |                                    |                                 |                     |                                 |
| <b>6. Utilized Special Administration/Monitoring Techniques as indicated(vital signs, crush meds. check blood sugar, mix with food or liquid) (Refer to Attachment)</b>                                             |                                    |                                 |                     |                                 |
| <b>7. Administered medications at appropriate time (Refer to attachment)</b>                                                                                                                                        |                                    |                                 |                     |                                 |
| <b>8. Described methods used to monitor a resident's condition and reactions to medications and what to do when there appears to be a change in the resident's condition or health status (Refer to Attachment)</b> |                                    |                                 |                     |                                 |
| <b>9. Utilized appropriate hand-washing technique and infection control principles during medication pass (Refer to Attachment)</b>                                                                                 |                                    |                                 |                     |                                 |
| <b>10. Documentation of Medication Administration (Refer to Attachment)</b>                                                                                                                                         |                                    |                                 |                     |                                 |
| A. Initialed the MAR immediately after the medications are administered and prior to the administration of medications to another resident. Equivalent signature for initials is documented.                        |                                    |                                 |                     |                                 |
| B. Documented medications that are refused, held or not administered appropriately                                                                                                                                  |                                    |                                 |                     |                                 |
| C. Administered and documented PRN medications appropriately                                                                                                                                                        |                                    |                                 |                     |                                 |
| D. Recorded information on other facility forms as required                                                                                                                                                         |                                    |                                 |                     |                                 |
| E. Wrote a note in the resident's record when indicated                                                                                                                                                             |                                    |                                 |                     |                                 |

**EMPLOYEE NAME:** \_\_\_\_\_

**ADULT CARE HOME NAME:** \_\_\_\_\_

**Medication Administration Clinical Skills Checklist**

| Skill/<br>Tasks                                                                                                                                 | Satisfactory<br>Completion<br>Date | Inst.<br>Initials/<br>Signature | Needs Training | Inst.<br>Initials/<br>Signature |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------|----------------|---------------------------------|
| <b>11. Completion of Medication Pass (Refer to Attachment)</b>                                                                                  |                                    |                                 |                |                                 |
| A. Stored medications properly                                                                                                                  |                                    |                                 |                |                                 |
| B. Disposed of contaminated or refused medications                                                                                              |                                    |                                 |                |                                 |
| C. Rechecked MARs to make sure all medications had been given and documented                                                                    |                                    |                                 |                |                                 |
| <b>12. Medication Storage (Refer to Attachment)</b>                                                                                             |                                    |                                 |                |                                 |
| A. Maintained security of medications during medication administration                                                                          |                                    |                                 |                |                                 |
| B. Stored controlled substances appropriately and counted and signed controlled substances per facility policy                                  |                                    |                                 |                |                                 |
| C. Assured medication room/cart/cabinet is locked when not in use                                                                               |                                    |                                 |                |                                 |
| <b>13. Administered medications using appropriate technique for dosage form/route &amp; administered accurate amount: (Refer to Attachment)</b> |                                    |                                 |                |                                 |
| A. Oral tablets and capsules                                                                                                                    |                                    |                                 |                |                                 |
| B. Oral liquids                                                                                                                                 |                                    |                                 |                |                                 |
| C. Sublingual medications                                                                                                                       |                                    |                                 |                |                                 |
| D. Oral Inhalers                                                                                                                                |                                    |                                 |                |                                 |
| E. Eye drops and ointments                                                                                                                      |                                    |                                 |                |                                 |
| F. Ear drops                                                                                                                                    |                                    |                                 |                |                                 |
| G. Nose drops                                                                                                                                   |                                    |                                 |                |                                 |
| H. Nasal Sprays/Inhalers                                                                                                                        |                                    |                                 |                |                                 |
| I. Transdermal medications/Patches                                                                                                              |                                    |                                 |                |                                 |
| J. Topical (creams and ointments; <b>not dressing changes</b> )                                                                                 |                                    |                                 |                |                                 |
| K. *Clean dressings                                                                                                                             |                                    |                                 |                |                                 |
| L. *Nebulizers                                                                                                                                  |                                    |                                 |                |                                 |
| M. *Suppositories<br>1. Rectal<br>2. Vaginal                                                                                                    |                                    |                                 |                |                                 |
| N. *Enemas                                                                                                                                      |                                    |                                 |                |                                 |
| O. *Injections<br>1. Insulin**<br>2. Other subcutaneous medications                                                                             |                                    |                                 |                |                                 |
| P. *Gastrostomy Tube                                                                                                                            |                                    |                                 |                |                                 |

**EMPLOYEE NAME:** \_\_\_\_\_

**ADULT CARE HOME NAME:** \_\_\_\_\_

