



LEARNING OBJECTIVES

Medication Certification candidates will:

- demonstrate knowledge of their facility's medication administration systems, policies and procedures, and location of all necessary equipment.
- demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines and utilizing the DCF Medication Administration Procedure.
- demonstrate ability to document on Medication Administration Record (facility specific) including, but not limited to: transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication administration.
- demonstrate knowledge of when and how to contact their facility's "Chain of Command."
- describe proper procedure to follow in their agency in the event of an emergency and/or medication error.

MINIMUM CRITERIA

1. Orientation to facility policy and procedure for medication administration.
2. Shadowing of an experienced medication certified staff in good standing or facility nurse during actual medication administration pass.
 - **Minimum of 2 complete medication passes**
3. Supervised medication passes under the direct supervision of nurse or experienced medication certified staff in good standing utilizing the DCF Medication Administration Procedure.
 - **Minimum of 2 complete medication passes**

AWARDING OF CERTIFICATE

Completed Internship Verification Form signed by candidate, facility nurse and facility director submitted to DCF Medication Administration Program.

MEDICATION CERTIFICATION INTERNSHIP SKILLS CHECKLIST

Employee LAST Name:	Employee FIRST Name:	Date:
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Employing Facility:

OBJECTIVE	<i>Medication Certification candidates will demonstrate knowledge of their facility's medication administration systems, policies and procedures, and location of all necessary equipment.</i>	Date Completed	Nurse's Initials	Candidate's Initials
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Candidate has demonstrated knowledge of:

<input type="checkbox"/> Patient medication storage			
<input type="checkbox"/> internal and external medication			
<input type="checkbox"/> policy and procedure for proper key storage/control			
<input type="checkbox"/> storage of controlled and non-controlled medication			
<input type="checkbox"/> inventory of controlled medication			
<input type="checkbox"/> location of MAR/Kardex and practitioner's orders			
<input type="checkbox"/> location of emergency medications			

Candidate has demonstrated understanding of the facility's specific medication procedure that is within the DCF Medication Administration Guidelines including:

<input type="checkbox"/> utilizing PRN orders			
<input type="checkbox"/> obtaining medications from the pharmacy			
<input type="checkbox"/> safe handling of medication for:			
<input type="checkbox"/> 1. Admission			
<input type="checkbox"/> 2. Discharge			
<input type="checkbox"/> 3. home visit			

OBJECTIVE 2	<i>Medication Certification candidates will demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines.</i>	Date Completed	Nurse's Initials	Candidate's Initials
Candidate has:				
<input type="checkbox"/>	observed at least 2 complete medication passes with medication administration certified staff and/or nurse			
<input type="checkbox"/>	demonstrated ability to safely administer medications under the direct supervision of a nurse according to the DCF Med Administration Procedure Checklist			
<input type="checkbox"/>	demonstrated understanding of proper procedure for administration of PRN medication including use of PRN Psychotropic Medication			
<input type="checkbox"/>	administered at least 2 medication passes under the direct super-vision of an experienced medication administration certified staff in good standing or registered nurse			

OBJECTIVE 3	<i>Medication Certification candidates will demonstrate ability to document on Medication Administration Record including (but not limited to) transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication.</i>	Date Completed	Nurse's Initials	Candidate's Initials
Candidate has demonstrated:				
<input type="checkbox"/>	ability to properly transcribe a licensed practitioner's order			
<input type="checkbox"/>	ability to document when a medication has been:			
<input type="checkbox"/>	1. administered			
<input type="checkbox"/>	2. refused/held			
<input type="checkbox"/>	3. administered while on pass			
<input type="checkbox"/>	ability to determine when a PRN medication was last given and when it can be given again			
<input type="checkbox"/>	ability to document when a PRN has been given including the outcome			

OBJECTIVE 4	<i>Medication Certification candidates will demonstrate ability to document on Medication Administration Record including (but not limited to) transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication.</i>	Date Completed	Nurse's Initials	Candidate's Initials
OBJECTIVE 5	<i>Medication Certification candidates will describe proper procedure to follow in their agency in the event of an emergency, medication error or incident.</i>			
Candidate can:				
<input type="checkbox"/>	locate "Chain of Command" information			
<input type="checkbox"/>	demonstrate procedure(s) for contacting "Chain of Command" in the event of an incident and/or emergency situation			
<input type="checkbox"/>	describe policy and procedure to be followed in the event of a medication error or incident			

PASS FAIL

Comments:	
EMPLOYEE / STUDENT Signature:	RN / ENDORSED INSTRUCTOR's Signature: