6 RIGHTS

- 1. Right Consumer
- 2. Right Time
- 3. Right Dose
- 4. Right Medication
- 5. Right Route
- 6. Right Documentation

TUSCOLA BEHAVIORAL HEALTH SYSTEMS

GROUP HOME CURRICULUM TRAINING OBSERVATION GUIDE FOR ADMINISTERING MEDICATIONS

Must be 3 SEPERATE CONSUMER observations. Return within 30 days of Medication Class.

Name of Staff Observed: _____ Work Site: ____

			RS		

- 1. Michigan I.D.
- Picture of Consumer
- 3. Ask Consumer their name
- 4. Verify Consumer with other staff

	Observation	Date AM MEDS	Date NOON	Date PM MEDS	Comments
1	Check medication book for current medications to be administered.				
2	Prepare work area.				
3	Wash hands.				
4	Keep keys on person. Only authorized trained staff can unlock secured medication cabinets.				
5	Keep medication storage area supervised.				
6	Compare the pharmacy label to the medication record using the 6 Rights and 3 checks prior to putting the medication back in the cabinet. 1. Right Consumer 4. Right Medication 2. Right Time 5. Right Route 3. Right Dose 6. Right Documentation				
7	If there is more than one medication in a bubble pack bubble, verify that all medications are accounted for.				
8	Pop medication from the bubble pack directly into the med cup.				
9	Pour medication into the lid of medication bottle before putting it into the med cup.				
10	Check medication for damage or odor and for				
11	Prepare one Consumer's medication at a time.				
12	Give only medication that you have prepared.				
13	Positively identify Consumer. Initial by which identifier was used. Which identifiers were used? 1. Michigan I.D. 2. Picture of Consumer 3. Ask Consumer their name 4. Verify Consumer with other staff				
14	Always call Consumer by name. (not nick name)				
15	9				
16	Remain with consumer until they have taken their medication. Observe the Consumer.				
17	Decument immediately ofter administering				
18	Document accurately: a. Sign name and classification b. Initial in proper spaces				
19	19 Recheck medication book to ensure all medications were given and signed for.				
20	Look and soours modication achings				

LIQUID MEDICATIONS							
	Observation	Date	Date	Date	Comments		
Pou	red at eye level:	2000	2 0.00				
a.	Shake bottle if indicated.						
b.	Poured away from label.						
C.	Diluted viscid medicines.				Viscid means "sticky"		
d.	Proper administration of medications via feeding-tube.						
MISCELLANEOUS REVIEW							
	Observation	Date	Date	Date	Comments		
1	Review use of protocol orders. I.E. Seizures, PRN use of rectal Diastat, PRN use of chemical restraints?						
2	Refrigerated medications. Use of lock box.						
3	Medication errors. What to do when						
4	When Consumer is on leave of absence, how to document medication.						
5	Refusal of medication. What to do						
6	Review PRN use & documentation						
7 8	When to contact the health care professional. Checking Physician's Orders against the						
0	pharmacy label and the medication record						
9	Review how to document medication effectiveness. New & PRN medications.						
10	How to document changes in the log book.						
ADDITIONAL COMMENTS							
	Observation	Date	Date	Date	Comments		
1	Observation						
2	Observation						
3	Observation						
The staff is aware of side effects of all medication. YES NO If yes, have staff list:							
The staff is aware of the use of medication.			□NO	If yes, hav	e staff list:		
CHECK ONE: Needs additional practice.							
At this time, after observation, appears competent to administer medications							
Name of Work Site: Date of Medication Class:							
Signature of Staff Member being Observed Date							
Signature of Home Manager/Assistant Manager Date							

Please return to Training Services – Echols Building. Return within 30 days of Medication Class