

# Department of Children and Families Medication Administration Program

## Medication Certification Internship Skills Checklist

### Objective 1

Medication Certification candidates will verbalize/demonstrate understanding of basic principles of safe medication administration practices according to DCF guidelines.

Candidate has demonstrated:	Date Completed	Nurse Initials	Candidates initials
<ul style="list-style-type: none"> <li>• knowledge of 5 rights</li> </ul>			
<ul style="list-style-type: none"> <li>• knowledge of 3 documents necessary for medication administration</li> </ul>			
<ul style="list-style-type: none"> <li>• procedure for checking "5 Rights" and "Rule of 3"</li> </ul>			

### Objective 2

Medication Certification candidates will demonstrate knowledge of their facility's medication administration systems and location of all necessary equipment.

Candidate has demonstrated knowledge of:	Date Completed	Nurse Initials	Candidates Initial
<ul style="list-style-type: none"> <li>• patient medication storage</li> </ul>			
<ul style="list-style-type: none"> <li>• internal and external medication</li> </ul>			
<ul style="list-style-type: none"> <li>• policy and procedure for proper key storage/control</li> </ul>			
<ul style="list-style-type: none"> <li>• storage of controlled and non-controlled medication</li> </ul>			
<ul style="list-style-type: none"> <li>• inventory of controlled medication</li> </ul>			
<ul style="list-style-type: none"> <li>• location of MAR/Kardex and practitioner's orders</li> </ul>			
<ul style="list-style-type: none"> <li>• location of emergency medications</li> </ul>			

### Objective 3

Medication certification candidates will demonstrate knowledge of program specific medication procedure (if applicable). (May be expanded to meet the facilities specific needs)

### Objective 4

Medication Certified Staff will understand the definition of "dispensing" and know who is legally able to dispense

### Objective 5

Medication Certified Staff will understand and follow proper procedure - per CT State Regulations - for handling of Home Visit

	Date Completed	Nurse Initials	Candidates initials
Candidate has demonstrated understanding of the facilities specific medication procedure that is within the DCF Medication Administration Guidelines including:			
<ul style="list-style-type: none"> <li>• Utilizing standing orders</li> </ul>			
<ul style="list-style-type: none"> <li>• Obtaining medications from the pharmacy</li> </ul>			
<ul style="list-style-type: none"> <li>• understanding of term "dispensing"</li> </ul>			
<ul style="list-style-type: none"> <li>• safe handling of medication for:               <ol style="list-style-type: none"> <li>1. admission</li> <li>2. discharge</li> <li>3. home visit</li> </ol> </li> </ul>	*	*	*

## **Objective 6**

*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.*

	Candidate has demonstrated:	Date completed	Nurse initials	Candidates initials
	<ul style="list-style-type: none"><li>ability to properly transcribe a doctor's order.</li></ul>			
	<ul style="list-style-type: none"><li>ability to document when a medication has been:<ol style="list-style-type: none"><li>administered</li></ol></li></ul>			
	<ol style="list-style-type: none"><li>refused/held</li></ol>			
	<ol style="list-style-type: none"><li>administered while on pass</li></ol>			
	<ul style="list-style-type: none"><li>ability to determine when a PRN medication was last given and when it can be given again.</li></ul>			
	<ul style="list-style-type: none"><li>ability to document when a PRN has been given including the outcome.</li></ul>			

## **Objective 7**

*Medication certification candidates will demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines*

		Date completed	Nurse initials	Candidates initials
	Candidate has observed at least 2 complete medication passes with certified staff and/or medication nurse.			
	Candidate has demonstrated ability to safely administer medications under the direct supervision of a licensed nurse according to the DCF Medication Guidelines. <b>Checklist B</b>			
	Candidate has demonstrated understanding of proper procedure for administration of PRN medication including use of PRN Psychotropic Medication			
	Candidate has administered at least 2 medication passes under the direct supervision of an experienced medication certified staff or registered nurse			

## **Objective 8**

*Medication certification candidates will demonstrate knowledge of when and how to contact chain of command.*

## **Objective 9**

*Medication certification candidates will demonstrate proper procedure(s) to follow in the event of an incident and/or emergency situation.*

## **Objective 10**

*Medication certification candidate will describe procedure to follow in the event of a medication error.*

		Date completed	Nurse Initials	Candidate initials
	<i>Candidate can locate Chain of Command information</i>			
	Candidate can demonstrate procedure (s) for contacting chain of command in the event of an incident and/or emergency situation			
	Candidate can describe policy and procedure to be followed in event of a medication error or incident			





Completion of Medication Administration Certification

**Internship Verification Form**

Name: \_\_\_\_\_ Facility: \_\_\_\_\_

The above candidate has successfully completed all components of the medication certification internship at this DCF licensed/operated facility. This internship has included the following:

- Orientation to facility policy and procedure for medication administration.
- Shadowing of an experienced medication certified staff person during actual medication passes. – Minimum of 2 complete medication passes.
- Demonstration of administration skills with a licensed nurse. Checklist B
- Supervised medication administration.- Minimum of 2 medication passes.

**A certificate will be issued by the Department of Children and Families upon receipt of this signed and dated form.**

- ❖ **CANDIDATE MAY NOT ADMINISTER MEDICATION UNTIL EMPLOYING FACILITY HAS RECEIVED CERTIFICATE.**
- ❖ **CERTIFIED STAFF SHALL NOT DISPENSE MEDICATION UNDER ANY CIRCUMSTANCES.**

***Mail form to: DCF Medication Administration Program***

Bureau of Continuous Quality Improvement  
505 Hudson Street  
Hartford, CT 06106

**OR**

Fax form to: (860) 550-6541

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Director's signature: \_\_\_\_\_ Date: \_\_\_\_\_

