

Assistance with Medications Observation Form

Date: _____ Time: _____

Staff: _____

	Performed Correctly	Not observed	N/A
1. Assistance started/completed timely	Yes _____ No _____	_____	_____
2. All supplies on cart at time	Yes _____ No _____	_____	_____
3. Fluids and adjunctive fluids covered	Yes _____ No _____	_____	_____
4. Residents properly identified prior to assistance	Yes _____ No _____	_____	_____
5. Resident privacy maintained and positioned properly	Yes _____ No _____	_____	_____
6. Medication verified by label, med and use of MAR	Yes _____ No _____	_____	_____
7. Liquid Med properly shaken/diluted, measured accurately	Yes _____ No _____	_____	_____
8. Medication charted at time of administration	Yes _____ No _____	_____	_____
9. Crushed medication correctly (MD order)	Yes _____ No _____	_____	_____
10. Observed resident to ensure medication was swallowed	Yes _____ No _____	_____	_____
11. Medication not left unattended on cart or at bedside	Yes _____ No _____	_____	_____
12. Refused or held medications documented properly	Yes _____ No _____	_____	_____
13. PRN medication documented properly with follow-up	Yes _____ No _____	_____	_____
14. Controlled drugs documented at time of admission	Yes _____ No _____	_____	_____
15. Proper handwashing technique followed between residents	Yes _____ No _____	_____	_____
16. Ophthalmic administered with clean procedure and gloves	Yes _____ No _____	_____	_____
17. Inhalers properly administered, stored and cleaned	Yes _____ No _____	_____	_____
18. Transdermal patches properly placed and documented	Yes _____ No _____	_____	_____
19. ac/pc, with meals, with food orders administered properly	Yes _____ No _____	_____	_____
20. Signature/initials on MAR or signature sheet	Yes _____ No _____	_____	_____

Staff performance: ___ Acceptable ___ recommend retraining

Technique: ___ Pass ___ Fail

Total residents observed _____ Total medications observed _____ Accuracy Rate: _____

medications correctly administered x 100 = % accuracy
Total number medications administered

Comments: