**ICF/DD-Nursing**

**Medication Training Plan Checklist**

**Introduction**

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| http://tse1.mm.bing.net/th?&id=OIP.M37373b4fe8ed90d8824794af5c3ac17fo0&w=204&h=300&c=0&pid=1.9&rs=0&p=0&r=0 “An estimated 800,000 preventable medication‐related injuries occur every year in long‐term care facilities (LTC’s),” according to a statistic cited in the *Journal of* *Quality and Safety in Healthcare* (2007).  Clients in our Intermediate Care Facilities (ICF’s) are only a small fraction of LTC’s. However, they often have unique special care needs requiring the utmost attention with regards to safe medication practices. The checklist on the following pages are being provided to assist ICF’s with preparation and development of clear, informative, quality documents and tools for your staff’s medication training. Instructors typically use a combination of the following methodologies to ensure that their staff have the most current, up-to-date standards for safe and efficient medication administration, and ongoing training:* **Lectures**
* **Videos**
* **Online courses**
* **Preceptor/shadowing**
* **Hands-on Clinical Training**
* **Pre and Post-tests**

No facility is exactly alike, and you should note that the recommendations on the following pages are only to assist you and your facility. These instructions are being provided both for educational purposes and for use as a guide in developing your **facility-specific** training materials. You may use alternative resources, as you deem necessary.  |

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| **Facility** **Name:** |

**Instructions**: Complete and sign the checklist below

[ ]  **Avoid the use of old or outdated medication** training plans, *(i.e***.** *“Medicines can bring about a cure”)* especially if you have not reviewed the content recently. The world of pharmaceuticals, standards of nursing care and technology change often. Therefore, do not assume that previous submissions will be automatically approved again.

[ ]  Begin with course objectives. Throughout the document, follow the same **format** and **font**.

Check for spelling, grammatical and typographical errors. Use a 12-point font throughout the document.

[ ]  Prepare a cover page with the name of your facility on the first page, and a header on subsequent pages. Be sure to include page numbers.

[ ]  As you complete each of the required sections, ensure that they correspond to the appropriate page number where the information can be located.

[ ]  Note in each section the descriptions of the content (in blue color), as these will help guide you in developing your plan.

[ ]  The information in the brackets [ ] is provided to further assist you with preparing your document.

[ ]  Hyperlinks (the webpage addresses highlighted in color) are direct links to organizations, resources and other documents that can further explain or assist you with medication processes in your facility. Materials may be copyrighted. DDS strongly recommends that you use these only as a reference. Do not copy verbatim, nor without the express permission of each publisher.

[ ]  Ensure that you provide **RATIONALE** for the step-by-step procedures of administering medications. *For example: Why is it important to check physician orders? Why do staff need to wash their hands? What is reason for pre-warming ear medications to room temperature?*

[ ]  Avoid simply re-stating the words found in Title 22. We want to know specifically how your facility will teach and provide training medication administration, waste disposal, etc.

[ ]  Confirm that this training plan has been discussed with, reviewed and approved by your RN Consultant/Instructor prior to submission to our office.

Administrator/Representative: Date:

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**Instructions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Page****Number** | **Requirements** | **Met** | **Not****Met** | **Comments** |
| **Medication Administration Training Program**Ensure the facility has a medication training program which will be taught by an RN and/or consulting pharmacist which includes: |
|  | 1. **Drug Classifications: Use, action, side effects of**
2. **drugs used in facility**. *include at least 5 drug*
3. *classifications such as anticonvulsants, antibiotics,*
4. *antianxiety, antipsychotics, analgesics.* *[Under* ***each***

*classification list 3-4 commonly used drugs in your facility.* ***For******each drug in a classification, individually list the drug’s use, action, and side effects].*** |  |  |  |
|  | **Routes of Administration: General practices and procedures for administering medications.** Provide step-by-step procedures for administration of **oral, rectal, eye, ear, nose and topical medications.** Follow the suggested example below:IV. POLICIES AND PROCEDURES: a. Check orders – *To ensure accuracy & compliance*b. Wash your hands – *Infection control, reduce bacteria*c. Gather equipment.d. Explain procedure to client.e. Provide for privacy, if applicable.f. ……………Note: INCLUDE **RATIONALE** IN STEPS ABOVE |  |  |  |
|  | **Prescriber’s verbal orders**.*[State the conditions under which staff can accept verbal orders from physicians.]**Note: you should have an M.D. order to crush medications. Maintain a “DO NOT CRUSH” list that is current, up-to-date and accessible in your facility.* |  |  |  |
|  | Establish protocol and time-lines for: **Automatic stop orders.** |  |  |  |
|  | **Medication storage, and labeling**.Establish protocol and time-lines*Reference: Federal Tags W377 – W383, W387 – W389* |  |  |  |
| **Page****Number** | **Requirements (con’t)** | **Met** | **Not****Met** | **Comments** |
|  | **Disposing of unused and outdated medications:** Establish protocol and time-lines for doing this. Include whether you will use a mail back vendor, approved drop off location or contracted vendor.*Reference: Federal Tags W390 – W392**[See CDPH website under Certificates & Licenses section, Medical Waste]*[*www.cdph.ca.gov*](http://www.cdph.ca.gov) |  |  |  |
|  | Establish protocol and time-lines for: **Requirements for documentation of the administration of medications and treatments**.*Reference: Federal Tag W365* |  |  |  |
|  | **Requirements for documentation and physician notification of medication errors**, include notification to L&C and SIRs where appropriate.*Reference: Federal Tags W375 – W376* |  |  |  |
|  | **Metric and apothecary dosages**.*[Provide basic conversions from a reliable source, i.e.: nursing textbook, drug handbook ].* |  |  |  |
|  | **Common abbreviations** used in medication administration. Educate staff on error-prone abbreviations also.[See <http://www.ismp.org/>]*[If abbreviations are used in the text of the training plan, these abbreviations should be included in this section.]* |  |  |  |
|  | **Locating and using reference materials**.*[Reference 2 or 3 CURRENT books and their location in the facility.]* |  |  |  |
|  | State the minimum **number of hours** the medication training program requires. |  |  |  |
|  | **Indicate how the facility RN will certify the staff person’s competency/proficiency in administering and recording the drugs given and where documentation of proficiency is recorded**. |  |  |  |

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**Drug Classifications:**

State the use, action, side effects and contraindications of drugs used in the facility. Include at **least 5 Drug Classifications** (i.e. antibiotics, anti-seizure etc.)

under each classification **list 3 – 4 commonly used drugs** in your facility.

Provide the information in a table such as the sample below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Drug****Classification:**Antibiotics | **Use** | **Action** | **Side Effects** | **Contraindications** |
| Penicillin V |  |  |  |  |
|  |  |  |  |  |
| **Drug****Classification:**Antianxiety/Antiepileptic | **Use** | **Action** | **Side****Effects** | **Contraindications** |
| Diazepam |  |  |  |  |
|  |  |  |  |  |

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**Additional Guidance:**

1. **Practice at least *“Six Rights of Medication Administration”:***

Practice the basic rules for giving medications safely:

* **Right Person?** (use two identifiers)
* **Right Medication?**

Compare the pharmacy label, the physician’s order and the Medication Administration Record (MAR). If there is any discrepancy. DO NOT GIVE THE MEDICATION! Contact the RN.

* **Right Dosage?**
* **Right Time?**
* **Right Route?**
* **Right Documentation**
1. **Perform Three Label Checks**

Prior to giving the client his/her medication, check the label three times:

 When you remove it from the cabinet

 Before you open it

 As you store it away

1. **Controlled Drugs**

Provide training in the definition of controlled drugs including the following:

1. The schedules of medications and the reasons they are tightly controlled.
2. Methods of storage.
3. Methods of securing the medications
4. Documentation specific to controlled drugs.
5. Indicate how often you are performing a count of controlled medications, and who is responsible.
* Note: For the ICF/DD-N Facility ONLY:

In addition to the Medication Training, there are additional training modules and requirements, including the DS 1853 form. Please Do NOT submit your Specialized Procedures with this packet, **unless there is at least one client currently in your facility who needs that service.**