

**INSTRUCTIONS:**

To be completed by Nurse Consulting Services at intervals according to Facility Policy & Procedures or as needed for Quality Assessment purposes only.

|                        |         |  |   |
|------------------------|---------|--|---|
| Facility Name          | Station | Time Started<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM | Time Finished<br><input type="checkbox"/> AM<br><input type="checkbox"/> PM |
| Facility Staff Name(s) |         | Date   |   |

| 1.  | TECHNIQUES OBSERVED   | Met | Not Met | N/A | Reviewer Notes |
|-----|---|-----|---------|-----|----------------|
|     |   |     |         |     |                |
| 2.  | Med cart: no missing supplies; clean, always visible or locked.   |     |         |     |                |
| 3.  | Fluids and adjunctive foods are covered and dated.  |     |         |     |                |
| 4.  | Resident identified per policy.   |     |         |     |                |
| 5.  | Resident privacy maintained and positioned properly.  |     |         |     |                |
| 6.  | For meds with parameters, vital signs are taken prior to admin.   |     |         |     |                |
| 7.  | Correct medication verified by visual check of med, label, & MAR.   |     |         |     |                |
| 8.  | Items dated when opened (if applicable).  |     |         |     |                |
| 9.  | Liquid medication measured accurately, shaken, and/or diluted when appropriate.   |     |         |     |                |
| 10. | Proper crushing technique; non-crushable meds have MD order. "Do not crush" information is available.   |     |         |     |                |
| 11. | Administer adequate (i.e., 8 oz) fluids with medications when manufacturer so specifies (e.g., with administration of bulk laxatives, NSAIDs or solid/liquid potassium supplements).  |     |         |     |                |
| 12. | Administer medications with food or antacids when so specified by manufacturer.   |     |         |     |                |
| 13. | Residents observed to ensure medications are swallowed, excluding sublingual tablets.   |     |         |     |                |
| 14. | Medication record is charted consistently/properly.   |     |         |     |                |
| 15. | Medications are not left on top of cart or at resident's bedside.   |     |         |     |                |
| 16. | Refused/withheld medications are properly noted.  |     |         |     |                |
| 17. | PRN medications administered/documentated appropriately.  |     |         |     |                |
| 18. | Proper hand washing technique at appropriate times.   |     |         |     |                |
| 19. | Properly administer ophthalmic products avoiding contact of the product with the eye. Wait 3-5 minutes between drops, 5-10 minutes between different medications, as indicated per manufacturer's recommendations.  |     |         |     |                |
| 20. | Transdermal patches dated and initialed properly, rotated, and removed. Patch placement is documented.  |     |         |     |                |
| 21. | Properly administer medication via <b>metered dose inhalers</b> (MDIs). Proper administration includes: (a) shaking MDI well; (b) positioning MDI 2 finger widths in front of resident's mouth (or using spacer); (c) having resident exhale first then take a slow, deep breath as MDI is activated; (d) holding breath for a count of 10 after inhalation before slowly exhaling, and; (e) waiting a minute between puffs if multiple puffs are ordered. (f) waiting five minutes between different medications assuring correct sequence (Bronchodilator - Anticholinergics - Miscellaneous - Corticosteroids).<br><br><b>Other inhalation devices</b> (HandiHalers, DISKUS, Aerolizer and other similar devices) administered per manufacturer's recommendations. |     |         |     |                |
| 22. | <b>Nebulizers:</b> Nurse observes resident during entire treatment (5-15 minutes) unless self administration assessment is completed.   |     |         |     |                |
| 23. | Properly mix insulin suspensions (e.g., "rolling" and appropriate sequence of mixing is followed) without creating air bubbles.   |     |         |     |                |
| 24. | Enteral tubes are flushed before and after all medications are administered with at least 15 mL of water. Enteral tubing is flushed with 5 to 15 mL of water between each medication administration.  |     |         |     |                |
| 25. | Controlled drugs documented properly at time of administration.   |     |         |     |                |
| 26. | Full signatures/initials are on administration sheets.  |     |         |     |                |
| 27. | Administration book closed or covered to protect resident health information.   |     |         |     |                |
| 28. | Other: Bare hands are not used to touch or handle meds  |     |         |     |                |

**REVIEWER SUMMARY OF TECHNIQUE**

**CALCULATED ERROR RATE**

ERROR TYPES/NO.: Incorrect Drug \_\_\_\_\_ Dose \_\_\_\_\_  
 Route \_\_\_\_\_ Dosage Form \_\_\_\_\_  
 Omission \_\_\_\_\_ Time \_\_\_\_\_

**TOTAL NO. OF ERRORS**  
 (Significant + Non-Significant) x 100 = % **ERROR RATE**

**TOTAL NO. OF DOSES GIVEN**  
 (Doses Given + Doses Ordered But Not Given)

Observer's Signature/Title

Reorder From: **MED-PASS** 800-438-8884  
 Form # **PMC-MPOR-P** (Rev. 05/17)  
 XFM 04/09/08