

Print Name \_\_\_\_\_

MEDICATION ADMINISTRATION AND HEALTH-RELATED ACTIVITIES SKILLS  
CHECKLIST

\*To be completed for every employee (who administers meds) annually

*Also needs to be completed before an employee can administer a route (nasal, ear, etc) in which he/she has not been previously trained (checklist completed for that route).*

Process:

1. Employee attends and passes the Medication Administration Certification class or the Recertification Class.
2. At the home the employee receives Individual Specific Training and signs and dates the form.
3. This form is completed. That means the employee is observed:
  - a. *Correctly passing oral medication to (at least) one person*
  - b. *Correctly administering all additional routes of medication that occur at that location (i.e. nebulizer, eye drops, etc).*
  - c. *Correctly performing any health-related activities that occur at that location (i.e. checking blood pressure).*
  - d. *Signing and dating the Master Signature Sheet*
  - e. *Initialing the MAR*
4. Turn in this original form to Human Resources and keep a copy at the work site, where appropriate.

# Certification 1 Skills Checklist: General Medication Administration



## To be used at the beginning for EACH medication administration skill checklist

- \_\_\_\_\_ 1. Wash hands thoroughly
- \_\_\_\_\_ 2. Start at the beginning of the medication record and review, checking for the following:
  - a. Individual's name
  - b. All medications ordered
  - c. Medications to be given at this time
  - d. Dose for this time period has not been given
  - e. Order is current
  - f. Any allergies
  - g. Special instructions for giving (Individual Specific Training)
- \_\_\_\_\_ 3. Read **entire** name and dose of medication you will be giving for this individual at this time.
- \_\_\_\_\_ 4. Obtain the medication from the secure storage area.
- \_\_\_\_\_ 5. Check the expiration date on the label of package or container and read the **entire** label carefully.
- \_\_\_\_\_ 6. Place the medication package by the name of the drug on the medication record and be *positive* the package/container and the Medication Administration Record (MAR) coincide (1<sup>st</sup> check).
- \_\_\_\_\_ 7. Read the directions to give the medication from the MAR and be *positive* that the label and the medication record coincide (2<sup>nd</sup> check).
- \_\_\_\_\_ 8. If they do **not** coincide, do not give the medication until there has been clarification regarding medication. Clarification should be sought through the employer's policy.

If the expiration date is August 10, 2020, the drug may be used up until midnight of August 10, 2020. The drug may NOT be used on Aug.11, 2020 or thereafter.

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor initials: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

COMMENTS:

# Certification 1 Skills Checklist: Oral (by mouth):

Follow steps 1-8 on "General Medication Administration Checklist" then



- \_\_\_\_\_ 9. Obtain medication cup using separate cup for each individual.
- \_\_\_\_\_ 10. Compare medication label and MAR (3<sup>rd</sup> check). Then prepare the medication without touching the medication with your fingers.
- \_\_\_\_\_ 11. Check medication label and return container to secure storage area.
- \_\_\_\_\_ 12. Identify individual to receive the medicine and explain to the individual you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 13. Tell the individual the name of the medication and its purpose when you give the medication to him/her.
- \_\_\_\_\_ 14. Be certain the medication was taken (swallowed). Check client's mouth if uncertain.
- \_\_\_\_\_ 15. Leave the individual in a safe and comfortable manner.
- \_\_\_\_\_ 16. Initial in the square for the specific hour and date; this indicates you have given the medication for that time.
- \_\_\_\_\_ 17. Write your initials, full name, and title in space provided for signatures.
- \_\_\_\_\_ 18. Document any complaint/concern and action taken.



**DOCUMENTATION EXAMPLE:**

Sue had trouble swallowing whole vitamin. Called pharmacy. Spoke with Jim Smith, RP. He said I could split vitamin in half. Split vitamin and Sue took without difficulty.

- \_\_\_\_\_ 19. Return equipment to storage area.
- \_\_\_\_\_ 20. Wash your hands before contact with another individual or further contact with this individual other than administering more oral medications.

**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Instructor initials**    **Instructor Name:** \_\_\_\_\_

COMMENTS:   
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# Health-Related Activities Skills Checklist: Administration of Diastat

Place a check before each step completed

\_\_\_\_\_ 1. Put the individual on their side in a location where they cannot fall.

\_\_\_\_\_ 2. Get the medication.

\_\_\_\_\_ 3. Put on gloves.

\_\_\_\_\_ 4. Get the syringe from the package.

\_\_\_\_\_ 5. Remove the protective cover from the syringe with a downward firm pulling away motion.

\_\_\_\_\_ 6. Lubricate the rectal tip with the lubricating jelly in the package.

\_\_\_\_\_ 7. Turn individual **toward you** and pull down clothing to expose the buttocks.

\_\_\_\_\_ 8. Bend their upper leg forward to expose the rectum.

\_\_\_\_\_ 9. Separate the buttocks to expose the rectum.

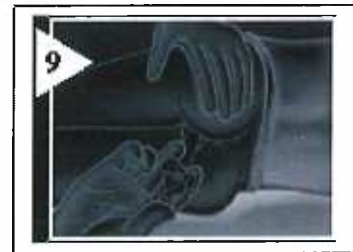
\_\_\_\_\_ 10. Gently insert the syringe tip into the rectum.

\_\_\_\_\_ 11. **SLOWLY** count to three while gently pushing the plunger in until it stops.

\_\_\_\_\_ 12. **SLOWLY** count to three again before removing the syringe from the rectum.

\_\_\_\_\_ 13. **SLOWLY** count to three while holding the buttocks together to prevent leakage

\_\_\_\_\_ 14. Keep the individual on their side facing you. Note the time the Diastat was given and continue to observe.



Employee \_\_\_\_\_

Date: \_\_\_\_\_

Nurse: \_\_\_\_\_

Supervisor \_\_\_\_\_

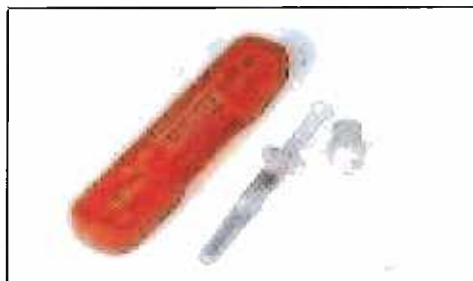
Comments:

## Skills Checklist: Administering Glucagon

Place a check mark before each step completed by the trainee. Must be checked off on all steps to pass (can demonstrate per simulation or verbalize in classroom setting only).

### Preparing the Glucagon

- \_\_\_ 1. Be sure work surface clean and dry.
- \_\_\_ 2. Wash hands.
- \_\_\_ 3. Get Glucagon Emergency Kit from secured storage area.
- \_\_\_ 4. Remove elements of Glucagon Emergency Kit from package and place on a clean, dry work surface.
- \_\_\_ 5. Carefully remove flip seal from vial containing glucagon powder.
- \_\_\_ 6. Remove needle protector from fluid-filled syringe.
- \_\_\_ 7. Insert needle into rubber stopper; inject all fluid from syringe into Glucagon vial.
- \_\_\_ 8. Remove needle. Hold syringe above level of waist with needle upright. With other hand gently shake vial until Glucagon powder dissolves into a clear liquid.
- \_\_\_ 9. Reinsert needle into rubber stopper; draw up all solution from vial into syringe by pulling back gently on the syringe plunger.
- \_\_\_ 10. Once all solution drawn into syringe, remove needle from vial and carefully recap.
- \_\_\_ 11. Place filled syringe in a safe, but accessible place close to the client.



### Giving the Injection:

- \_\_\_ 12. Put on gloves then locate the injection site. (Same as sites for insulin).
- \_\_\_ 13. Clean the site with alcohol. Make sure site is clean and dry before injecting.
- \_\_\_ 14. Pick up syringe and remove cap from needle.
- \_\_\_ 15. Hold needle in your dominant hand (hand you write with).
- \_\_\_ 16. Place thumb and forefinger of other hand on either side of the injection site, about 2 inches apart, and pinch up the skin.
- \_\_\_ 17. With a darting motion of the wrist, quickly insert needle at a 45 -90 degree angle into the pinched up skin between your thumb and forefinger. Insert needle all the way into the skin.
- \_\_\_ 18. Keeping your thumb and forefinger on the skin, slide your thumb and forefinger apart, releasing the skin. Keep thumb and forefinger on either side of the injection site while holding the syringe in place with your writing hand.
- \_\_\_ 19. **SLOWLY** push down on the plunger until all the glucagon has been injected.

**Removing the needle from the injection site**

- \_\_\_\_\_ 20. While holding the syringe in place with your writing hand, count to 5 and then quickly pull the needle straight out. If there is bleeding at the site, use a clean Band Aid, gauze, or cotton ball to apply gentle pressure until bleeding stops.

**After the procedure is completed**

- \_\_\_\_\_ 21. As soon as the injection is completed and the needle removed, dispose of the glucagon syringe in a sharps container per your agency's policy and procedure for disposal of sharps.
- \_\_\_\_\_ 22. Turn the client on his side to help prevent choking because Glucagon can cause nausea and vomiting.
- \_\_\_\_\_ 23. Call emergency medical personnel (911).
- \_\_\_\_\_ 24. Remove gloves and wash hands.
- \_\_\_\_\_ 25. If the client becomes alert, and can eat, drink and swallow, give food or beverage as directed by the nurse, doctor, or emergency medical personnel.
- \_\_\_\_\_ 26. If the client does not become alert, wait for emergency medical personnel; do not attempt to feed the client and do not leave the client alone.

**Documentation**

- \_\_\_\_\_ 27. Document per your agency policy and procedure



Employee \_\_\_\_\_

Date: \_\_\_\_\_

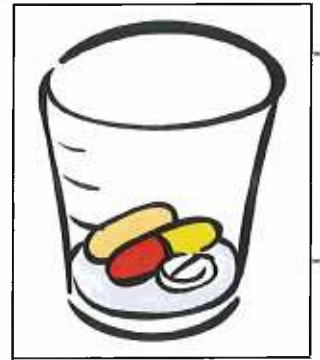
Nurse: \_\_\_\_\_

Supervisor \_\_\_\_\_

Comments:

## Certification 1 Skills Checklist: Eye (Ophthalmic) :

Follow steps 1-8 on "General Medication Administration Checklist" then



- \_\_\_\_\_ 9. Identify individual to receive the medicine and explain to the individual you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 10. Tell the individual the name of the medication and its purpose when you give medication to him/her.
- \_\_\_\_\_ 11. Put on gloves.
- \_\_\_\_\_ 12. If required, cleanse affected eye while closed with rayon "cotton" ball. Wipe from inner corner of eye outward once. If drops or ointment are to be instilled into both eyes, use a clean rayon "cotton" ball for each eye.
- \_\_\_\_\_ 13. Draw up the ordered amount of medication into dropper and recheck to ensure the label on medication container matches the medication record.
- \_\_\_\_\_ 14. Position the individual with the head back and looking upward.
- \_\_\_\_\_ 15. Separate lids by raising upper lid with forefinger and lower lid with thumb.
- \_\_\_\_\_ 16. Approach the eye from below with the dropper remaining outside the individual's field of vision.
- \_\_\_\_\_ 17. Avoid contact with the eye.

**Special Note: Always hold eye dropper level with the eye. Do not point the dropper toward the eye. Never let the dropper touch the eye.**

### IF DROPS:

- \_\_\_\_\_ 18. Apply the drop gently near the center of the inside lower lid not allowing the drop to fall more than 1 inch before it strikes the lower lid.

### IF OINTMENT:

- \_\_\_\_\_ 18. Apply the ointment in a thin layer along inside of lower lid. Apply amount of ointment prescribed (usually about ½ inch long "ribbon" of ointment). Break off ribbon of ointment from the tube by relaxing the pressure and removing the tube. Do not use your fingers!

### IF BOTH EYES INVOLVED:

- \_\_\_\_\_ 18. If both eyes involved, give the client a separate clean cotton ball for each eye. Change gloves between eyes to avoid transferring contamination from one eye to the other.

- \_\_\_\_\_ 19. To prevent contamination, do not touch the end of the bottle or the dropper on any part of the eye.
- \_\_\_\_\_ 20. Allow the eye to close gently.
- \_\_\_\_\_ 21. Instruct the individual to keep eyes closed for a few minutes.
- \_\_\_\_\_ 22. Wipe excess medication from eye with a clean rayon "cotton" ball using separate rayon "cotton" balls for each eye.
- \_\_\_\_\_ 23. Leave individual in a comfortable position for a few minutes. Follow the medication administration record regarding supervision of the individual during this time.
- \_\_\_\_\_ 24. Remove gloves; dispose of gloves and cotton balls according to facility policy.
- \_\_\_\_\_ 25. Wash hands
- \_\_\_\_\_ 26. Clean and replace equipment as specified on the medication record.
- \_\_\_\_\_ 27. Document giving the medication including:
  - a. Medication given
  - b. Number of drops installed or amount of ointment instilled
  - c. The eye(s) in which the medication was instilled
  - d. Your initials
  - e. Any unusual complaints and action taken



**Note: Long fingernails may interfere with or make it difficult to apply eye medications properly. Ask trainees to check their fingernails before they give/apply medication and trim if necessary.**

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

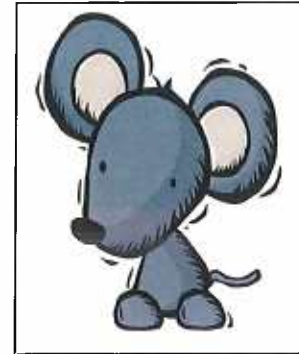
\_\_\_\_\_ Instructor initials Instructor Name \_\_\_\_\_

COMMENTS:



# Certification 1 Skills Checklist: Ear (Otic):

Follow steps 1-8 on "General Medication Administration Checklist" then



- \_\_\_\_\_ 9. Identify individual to receive medicine and explain to the individual you are giving his / her medication for that specific hour.
- \_\_\_\_\_ 10. Tell the individual the name of the medication and its purpose when you give medication to him/her.
- \_\_\_\_\_ 11. Position the individual by having him/her lie down or sit in a chair, tilting head sideways until ear is as horizontal as possible.
- \_\_\_\_\_ 12. Put on gloves.
- \_\_\_\_\_ 13. Cleanse the entry to the ear canal with a clean cotton ball.
- \_\_\_\_\_ 14. Draw up the ordered amount of medication into dropper and recheck to ensure the label on the medication container matches the medication record.
- \_\_\_\_\_ 15. Administer the ear drops by pulling the mid-outer ear gently backward and upward then instilling the ordered number of drops.
- \_\_\_\_\_ 16. To prevent contamination, do not touch any part of the dropper to the inner ear.
- \_\_\_\_\_ 17. If ordered, may place a cotton ball loosely in the ear and allow it to remain in place for 30 – 60 minutes.
- \_\_\_\_\_ 18. Encourage the individual to stay in the original position for 2 – 3 minutes.
- \_\_\_\_\_ 19. Remove gloves; dispose of gloves and cotton balls according to facility policy.
- \_\_\_\_\_ 20. Wash Hands
- \_\_\_\_\_ 21. Clean and replace equipment
- \_\_\_\_\_ 22. Document giving the medication including:
  - a. Medication given
  - b. Number of drops instilled
  - c. Ear in which instilled
  - d. Your initials
  - e. Any unusual complaints and action taken



Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

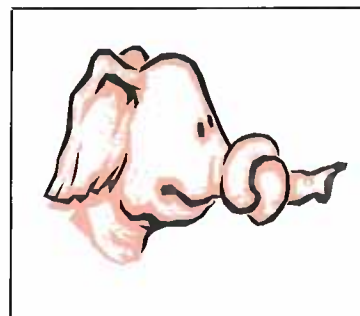
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COMMENTS:

## Certification 1 Skills Checklist: Nose (Nasal):

Follow steps 1-8 on "General Medication Administration Checklist" then

- \_\_\_\_\_ 9. Identify client to receive the medicine and explain to the individual you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 10. Provide tissues for the individual.
- \_\_\_\_\_ 11. Tell the client the name of the medication and its purpose when you give medication to him/her.
- \_\_\_\_\_ 12. Position the client according to manufacturer's instructions.
- \_\_\_\_\_ 13. Put on gloves.
- \_\_\_\_\_ 14. Recheck to ensure the label on medication container matches the medication record.
- \_\_\_\_\_ 15. Instill medication per manufacturer's instructions
- \_\_\_\_\_ 16. Instruct the individual not to blow his / her nose for at least 15 minutes after instilling medication.
- \_\_\_\_\_ 17. Leave the individual in a comfortable position for a few minutes. Follow the medication record regarding supervision during this time.
- \_\_\_\_\_ 18. Remove gloves and dispose of them according to facility policy.
- \_\_\_\_\_ 19. Wash hands.
- \_\_\_\_\_ 20. Clean and replace equipment as specified on the medication record.
- \_\_\_\_\_ 21. Document giving the medication including:
  - a. Medication given
  - b. Number of drops installed
  - c. The nares in which the medication was instilled
  - d. Your initials
  - e. Any unusual complaints and action taken



**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Instructor initials** **Instructor Name** \_\_\_\_\_

COMMENTS:

## Certification 1 Skills Checklist: Administering DPI Inhalers

Follow steps 1-8 on "General Checklist for Administering Oral Medications" then

- \_\_\_\_\_ 9. Check equipment and clean if dirty.
- \_\_\_\_\_ 10. Wash hands and put on gloves.
- \_\_\_\_\_ 11. Identify person to receive the medicine and explain you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 12. Assist person to a comfortable sitting position.
- \_\_\_\_\_ 13. Tell person the name of the medication and its purpose when you give the medication to him/her.
- \_\_\_\_\_ 14. Give person tissues.
- \_\_\_\_\_ 15. Load the dry medicine in the inhaler chamber as directed by the manufacturer.
- \_\_\_\_\_ 16. Have person exhale normally away from the inhaler chamber.
- \_\_\_\_\_ 17. Have the person place the mouthpiece in their mouth with lips sealed around the mouthpiece, **forcefully inhale** through the mouth.
- \_\_\_\_\_ 18. Have person hold his/her breath for up to 10 seconds, then remove mouthpiece and ask person to exhale slowly. If more than 1 puff is ordered, wait 30 seconds, then repeat steps 15-18 for subsequent puffs. Be sure to wait 30 seconds between puffs!
- \_\_\_\_\_ 19. Close the mouthpiece and replace protective cap and have person rinse mouth with water and then spit water out. Do NOT allow person to swallow rinse water, they will get a systemic effect.
- \_\_\_\_\_ 20. Leave person in a comfortable position following observation of the results.
- \_\_\_\_\_ 21. Remove and dispose of gloves properly and wash hands.
- \_\_\_\_\_ 22. Cleanse and replace equipment as specified on the MAR.
- \_\_\_\_\_ 23. Document medication(s) given including:
  - ↳ Name of medication
  - ↳ Your initials
  - ↳ Number of inhalations given
  - ↳ Note any complaints / any action taken

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor Initials      Instructor Name \_\_\_\_\_

Comments: \_\_\_\_\_

# Certification 1 Skills Checklist: Administering MDI with Spacer

Follow steps 1-8 on "General Checklist for Administering Oral Medications" then

- \_\_\_\_\_ 9. Check equipment and clean if dirty.
- \_\_\_\_\_ 10. Wash hands and put on gloves.
- \_\_\_\_\_ 11. Identify person to receive the medicine and explain you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 12. Assist person to a comfortable sitting position.
- \_\_\_\_\_ 13. Tell person the name of the medication and its purpose when you give the medication to him/her.
- \_\_\_\_\_ 14. Give person tissues.
- \_\_\_\_\_ 15. Invert canister and shake thoroughly.
- \_\_\_\_\_ 16. Insert metal canister into end of mouthpiece; remove protective cap from the inhaler and from the spacer.
- \_\_\_\_\_ 17. If canister is new and never used, you will need to prime it. With mouth-piece pointing into the air, away from everyone, press once on the canister base to ensure canister contains medication and is operating properly. Continue to prime the canister per manufacturer's instructions. If canister is used daily, you do not need to prime it. If canister has not been used in the last 3 days or per manufacturer's instructions, prime it before use.
- \_\_\_\_\_ 18. Put the inhaler into the spacer.
- \_\_\_\_\_ 19. Have person exhale deeply away from the spacer.
- \_\_\_\_\_ 20. Bring the spacer to person's mouth, put the mouthpiece between his/her teeth and close their lips around it.
- \_\_\_\_\_ 21. Press the top of the canister once.
- \_\_\_\_\_ 22. Have person breathe in very slowly until he/she has taken a full breath. If you hear a whistle sound, the person is breathing in too fast.
- \_\_\_\_\_ 23. Have person hold his/her breath for up to 10 seconds, then remove mouthpiece and ask person to exhale slowly. If more than 1 puff is ordered, wait 30 seconds, then repeat steps 19-23 for subsequent puffs. Be sure to wait 30 seconds between puffs!
- \_\_\_\_\_ 24. If a second inhaler (a 2<sup>nd</sup> medication given per inhaler) is ordered, wait at least 5 minutes before administering the 2<sup>nd</sup> inhaled medication and repeat steps 13-23.
- \_\_\_\_\_ 25. Replace protective cap and have person rinse mouth with water and then spit it out. Be sure person does NOT swallow rinsing water! They will get a systemic effect if they swallow the rinsing water.
- \_\_\_\_\_ 26. Leave person in a comfortable position following observation of the results.
- \_\_\_\_\_ 27. Remove and dispose of gloves properly and wash hands.
- \_\_\_\_\_ 28. Clean and store equipment.
- \_\_\_\_\_ 29. Document medication(s) given including:
 

↓ Name of medication	↓ Your initials
↓ Number of inhalations given	↓ Note any complaints / any action taken

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

Comments:

## Certification 1 Skills Checklist: Administering MDI Inhalers without Spacer

Follow steps 1-8 on "General Checklist for Administering Oral Medications" then

- \_\_\_\_\_ 9. Check equipment and clean if dirty.
- \_\_\_\_\_ 10. Wash hands and put on gloves.
- \_\_\_\_\_ 11. Identify person to receive the medicine and explain you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 12. Assist person to a comfortable sitting position.
- \_\_\_\_\_ 13. Tell person the name of the medication and its purpose when you give the medication to him/her.
- \_\_\_\_\_ 14. Give person tissues.
- \_\_\_\_\_ 15. Insert metal canister into end of mouthpiece and remove protective cap.
- \_\_\_\_\_ 16. Invert canister and shake thoroughly.
- \_\_\_\_\_ 17. If canister is new and never used, you will need to prime it. With mouth-piece pointing into the air, away from everyone, press once on the canister base to ensure canister contains medication and is operating properly. Continue to prime the canister per manufacturer's instructions. If canister is used daily, you do not need to prime it. If canister has not been used in the last 3 days or per manufacturer's instructions, prime it before use.
- \_\_\_\_\_ 18. Have person exhale deeply, then place the mouthpiece directly in his/her mouth between teeth (keep tongue flat under mouthpiece) and seal lips around the mouthpiece holding canister vertically.
- \_\_\_\_\_ 19. Have person slowly inhale through the mouth while pressing firmly on the upended canister.
- \_\_\_\_\_ 20. Have person hold his/her breath for up to 10 seconds, then remove mouthpiece and ask person to exhale slowly. If more than 1 puff is ordered, wait 30 seconds, then repeat steps 18-20 for subsequent puffs. Be sure to wait 30 seconds between puffs!
- \_\_\_\_\_ 21. If a second inhaler (a 2<sup>nd</sup> medication given per inhaler) is ordered, wait at least 5 minutes before administering the 2<sup>nd</sup> inhaled medication and repeat steps 13-20.
- \_\_\_\_\_ 22. Replace protective cap and have person rinse mouth with water and spit water out. Do not let person swallow the rinse water. The person will get a systemic effect if they swallow the rinse water.
- \_\_\_\_\_ 23. Leave person in a comfortable position following observation of the results.
- \_\_\_\_\_ 24. Remove and dispose of gloves properly and wash hands.
- \_\_\_\_\_ 25. Clean and store equipment.
- \_\_\_\_\_ 26. Document medication(s) given including:
 

↳ Name of medication	↳ Your initials
↳ Number of inhalations given	↳ Note any complaints / any action taken

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor Initials      Instructor Name \_\_\_\_\_

**Comments:**

## Certification 1 Skills Checklist: Administering Nebulizer Treatment

Follow steps 1-8 on "General Checklist for Administering Oral Medications" then

- \_\_\_\_\_ 9. Check equipment and clean if dirty.
- \_\_\_\_\_ 10. Wash hands and put on gloves.
- \_\_\_\_\_ 11. Identify person to receive the medicine and explain you are giving his/her medication for that specific hour.
- \_\_\_\_\_ 12. Assist person to a comfortable sitting position.
- \_\_\_\_\_ 13. Tell person the name of the medication and its purpose when you give the medication to him/her.
- \_\_\_\_\_ 14. Give person tissues.
- \_\_\_\_\_ 15. Plug in the nebulizer.
- \_\_\_\_\_ 16. Place the pre-measured dose of medication into the nebulizer's dispensing chamber.
- \_\_\_\_\_ 17. Have the person place the mouthpiece in his/her mouth having them use their lips to form a tight seal on the mouthpiece. (If the person uses a mask instead of a mouthpiece, be sure the mask fits well.)
- \_\_\_\_\_ 18. Turn the machine on. Adjust flow of oxygen / air as ordered. Encourage the person to breathe normally during treatment with occasional deep breaths; the medication works better with deep inhalations, but avoid hyperventilation.
- \_\_\_\_\_ 19. Follow physician's or nurse's instructions re: taking and documenting the person's pulse and respirations.
- \_\_\_\_\_ 20. Continue the treatment until all medication is given, usually 10-15 minutes.
- \_\_\_\_\_ 21. If needed, assist person to wipe face and apply lip balm.
- \_\_\_\_\_ 22. Remove and dispose of gloves properly and wash hands.
- \_\_\_\_\_ 23. Clean and store equipment.
- \_\_\_\_\_ 24. Document medication(s) given including:
  - ↳ Name of medication
  - ↳ Pulse and respirations at end of treatment
  - ↳ Your initials
  - ↳ Note any complaints / any action taken

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor Initials      Instructor Name \_\_\_\_\_

**Comments:**

# Certification 1 Skills Checklist: Topical Medications

Follow steps 1-8 on "General Medication Administration Checklist" then

- \_\_\_\_ 9. Identify the client
- \_\_\_\_ 10. Explain the procedure to the client and provide privacy as needed
- \_\_\_\_ 11. Position the client according to directions
- \_\_\_\_ 12. Wash hands and put on disposable gloves
- \_\_\_\_ 13. Examine the affected area and if ordered, cleanse the area with soap and water, then dry thoroughly.
- \_\_\_\_ 14. Apply medication according to directions
- \_\_\_\_ 15. Leave the client in a comfortable position and supervise as indicated
- \_\_\_\_ 16. Remove gloves and dispose of gloves and other materials as instructed
- \_\_\_\_ 17. Wash hands
- \_\_\_\_ 18. **Document:**
  - ✓ Medication applied
  - ✓ Dosage or amount
  - ✓ Areas of body to which applied
  - ✓ Your initials
  - ✓ Unusual complaints and action taken
  - ✓ Results of medication application after prescribed length of time



Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

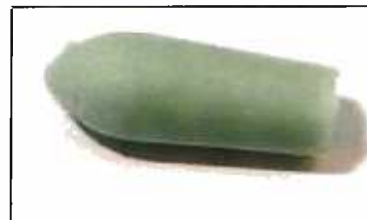
\_\_\_\_ Instructor initials    Instructor Name \_\_\_\_\_

COMMENTS:

# Certification 1 Skills Checklist: Rectal Suppositories

Follow steps 1-8 on "General Medication Administration Checklist" then

- \_\_\_\_\_ 9. Identify the client
- \_\_\_\_\_ 10. Explain the procedure to the client and provide privacy as needed
- \_\_\_\_\_ 11. Position the client according to directions – left side unless contraindicated
- \_\_\_\_\_ 12. Wash hands and put on disposable gloves, gather Kleenex or toilet paper
- \_\_\_\_\_ 13. Unwrap suppository and lubricate the tip
- \_\_\_\_\_ 14. Lift upper buttock to expose rectal area
- \_\_\_\_\_ 15. Slowly insert suppository into rectum well beyond the muscle at the opening (sphincter), pushing gently with your gloved, lubricated forefinger
- \_\_\_\_\_ 16. After slowly withdrawing your finger, press a folded tissue or piece of toilet paper against the anus or hold the buttocks together until the urge to expel the suppository subsides.
- \_\_\_\_\_ 17. Leave the client in a comfortable position lying down for about 15 minutes providing supervision as indicated on the MAR
- \_\_\_\_\_ 18. Remove gloves and dispose of gloves and other materials according to agency policies.
- \_\_\_\_\_ 19. Wash hands.
- \_\_\_\_\_ 20. **Document:**
  - ✓ Medication inserted
  - ✓ Dosage or amount
  - ✓ Your initials
  - ✓ Any complaints and action taken
  - ✓ Results achieved by giving the medication after the prescribed length of time



**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

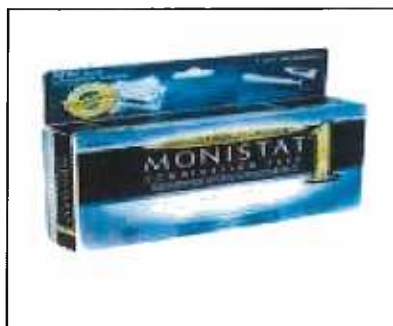
\_\_\_\_\_ **Instructor initials** **Instructor Name** \_\_\_\_\_

COMMENTS:



# Certification 1 Skills Checklist: Vaginal Medications

Follow steps 1-8 on "General Medication Administration Checklist" then



- \_\_\_ 9. Identify the client
- \_\_\_ 10. Explain the procedure to the client and ask her to empty her bladder and remove clothing from waist down.
- \_\_\_ 11. Provide privacy and position client on her back with knees bent and legs separated unless contraindicated or another position is recommended by the client's physician or nurse
- \_\_\_ 12. Place towel or protective pad under the client's buttocks
- \_\_\_ 13. Wash hands and put on disposable gloves
- \_\_\_ 14. Place medication in applicator. Lubricate as directed on MAR if instilling a tablet or suppository.
- \_\_\_ 15. Spread labia with one hand and gently insert applicator or medication into the vagina with other hand. Angle applicator slightly downward toward tail bone. It will usually go in about 2 inches. **DO NOT FORCE.**
- \_\_\_ 16. If using an applicator, push the plunger in while holding the barrel of the applicator still.
- \_\_\_ 17. Remove applicator and instruct client to remain still for 30 minutes. Provide supervision as needed.
- \_\_\_ 18. Provide with peri pad if needed after 30 minutes.
- \_\_\_ 19. Remove gloves and dispose of gloves and other materials according to agency policies. Wash hands
- \_\_\_ 21. **Document:**
  - ✓ Medication inserted
  - ✓ Dosage or amount
  - ✓ Your initials
  - ✓ Any complaints and action taken
  - ✓ Results achieved by giving the medication after the prescribed length of time




**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ Instructor initials    Instructor Name \_\_\_\_\_

COMMENTS:

# Health-Related Activities Skills Checklist: Vital Signs

## Pulse




- \_\_\_\_\_ 1. Wash hands
- \_\_\_\_\_ 2. Locate pulse and count rate for one full minute
- \_\_\_\_\_ 3. Record results
- \_\_\_\_\_ 4. Able to verbalize normal range

Employee Name \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Name \_\_\_\_\_

## Respirations




- \_\_\_\_\_ 1. Wash hands
- \_\_\_\_\_ 2. Observe and count respirations for one full minute
- \_\_\_\_\_ 3. Record results
- \_\_\_\_\_ 4. Able to verbalize normal range

Employee Name \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Name \_\_\_\_\_

## Temperature




- \_\_\_\_\_ 1. Wash hands and put on gloves
- \_\_\_\_\_ 2. Cleanse thermometer if necessary or use disposable protector
- \_\_\_\_\_ 3. Place thermometer according to manufacturer's instructions and waits specified time
- \_\_\_\_\_ 4. Removes thermometer and reads according to manufacturer's instructions. Remove gloves / wash hands
- \_\_\_\_\_ 5. Records results including site: Otic (ear), Oral (mouth), Axillary (armpit)
- \_\_\_\_\_ 6. Clean thermometer according to facility procedures
- \_\_\_\_\_ 7. Able to verbalize normal range

Employee Name \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Name \_\_\_\_\_

## Blood Pressure



- \_\_\_\_\_ 1. Wash hands
- \_\_\_\_\_ 2. Has client rest for 5 min before taking BP
- \_\_\_\_\_ 3. Selects proper size cuff
- \_\_\_\_\_ 4. Correctly wrap cuff around upper arm
- \_\_\_\_\_ 5. Activates BP device according to manufacturer's instructions
- \_\_\_\_\_ 6. Reads result and records
- \_\_\_\_\_ 7. Able to verbalize normal range

Employee Name \_\_\_\_\_

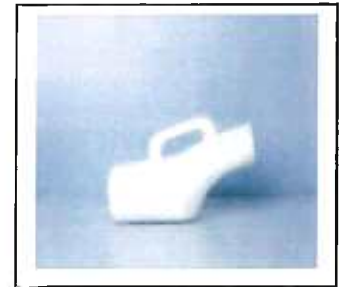
Date: \_\_\_\_\_

Instructor Name \_\_\_\_\_



# Health-Related Activities Skills Checklist: Basic Measuring of Bodily Intake and Output

- \_\_\_ 1. Assembles supplies
- \_\_\_ 2. Wash hands and apply gloves if measuring output
- \_\_\_ 3. Measure and record liquids taken by the client. Liquids can be measured in cubic centimeters (cc) or in ounces, according to your agency's policy.
- \_\_\_ 4. If measuring output, ask client to use a urinal, bedpan, or plastic "hat" that can be placed beneath the toilet seat.
- \_\_\_ 5. Clean all equipment according to agency's policy when finished.
- \_\_\_ 6. Remove and dispose of gloves appropriately, wash hands
- \_\_\_ 7. Record any output measured. If feces mixed with urine, it may cause inaccurate measurement. Be sure to include this in the documentation if it occurs.
- \_\_\_ 8. If a client vomits, document the frequency of vomiting, not necessarily the amount.



<b>FACT:</b> One ounce of fluid = 30 cc.	30 cc = one fluid ounce
<b>Converting ounces to cc's:</b> Multiply ounces consumed by 30.	<b>Converting cc's to Ounces:</b> Divide cc's consumed by 30.
<b>Example:</b> Eight ounces of fluid = 240 cc (8 oz X 30cc = 240cc)	<b>Example:</b> 300 cc's = 10 fluid ounces (300cc ÷ 30cc = 10 oz)

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Instructor initials    Instructor Name \_\_\_\_\_

COMMENTS:

## Health-Related Activities Skills Checklist: Oral Suctioning

- \_\_\_ 1. Place suction machine on sturdy surface that will support its weight and plug in
- \_\_\_ 2. Wash hands. Put on disposable gloves
- \_\_\_ 3. Connect tubing to the outlet port on the lid of the collection container
- \_\_\_ 4. Attach the suction catheter (Yankauer) to the other end of the connecting tube
- \_\_\_ 5. Turn on suction machine and check for negative pressure. Do this by kinking the connecting tube with the machine running and note the reading on the gauge. The correct setting should be (3) for adults, (2) for children, and (1) for infants. Adjust the pressure by turning the adjustment knob on the suction machine.
- \_\_\_ 6. Insert the suction catheter into the mouth advancing slowly to the back. If the client starts to cough or gag, wait until the client recovers before continuing. **NEVER SUCTION FOR LONGER THAN 15 SECONDS\*\***
- \_\_\_ 7. After suctioning the client, suction water through the suction catheter until the catheter and tubing are clear. **NEVER ALLOW THE COLLECTION CONTAINER TO RISE ABOVE THE FILL LIMIT LINE.**
- \_\_\_ 8. Turn machine off
- \_\_\_ 9. Empty collection container and clean thoroughly. Put equipment away.
- \_\_\_ 10. Remove and dispose of gloves appropriately and wash hands.



Yankauer

\*\*If you suction for 15 seconds and the client is having trouble breathing, use first aid guidelines for calling 911. If the client is gurgling, call 911 immediately.

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Instructor initials Instructor Name \_\_\_\_\_

COMMENTS:          
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## Health-Related Activities Skills Checklist: Using a Glucometer For Blood Sugar Monitoring

- \_\_\_ 1. Assemble equipment.
- \_\_\_ 2. Identify individual and explain procedure.
- \_\_\_ 3. Wash hands and apply gloves
- \_\_\_ 4. Place lancet in pen if a pen is used for the procedure with this client
- \_\_\_ 5. Set up glucometer
- \_\_\_ 6. Have client wash hands thoroughly. If no soap and water available, you may use a non-alcohol based cleanser such as a baby wipe. Be sure the finger is dry before applying the lancet.
- \_\_\_ 7. Turn glucometer on, then apply lancet to side of finger (never the finger pad)
- \_\_\_ 8. Point finger downward and gently squeeze to get an adequate blood sample.
- \_\_\_ 9. Place blood drop on test strip and wipe finger with gauze pad and hold in place, applying gentle pressure until bleeding stops.
- \_\_\_ 10. Read and record result or store result in the glucometer if this option available.
- \_\_\_ 11. Clean equipment and dispose of used supplies appropriately.
- \_\_\_ 12. Remove and dispose of gloves appropriately and wash hands.
- \_\_\_ 13. Follow process for medication administration or request assistance if necessary.



\*With some glucometers, sites other than the side of the finger may be used. If using the fingers, be sure to use the sides of the finger, never the pads. Rotate finger sites to avoid formation of calluses. Be sure to document finger site used.

**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_ Instructor initials    Instructor Name \_\_\_\_\_

COMMENTS:

## Health-Related Activities Skills Checklist: External Care of Urinary Catheter



- \_\_\_\_\_ 1. Assemble supplies
- \_\_\_\_\_ 2. Wash hands and apply gloves
- \_\_\_\_\_ 3. Provide privacy and explain to the client what you will be doing
- \_\_\_\_\_ 4. Position client on his / her back exposing only a small area where the catheter enters the body. **Be sure catheter bag is ALWAYS lower than the bladder.**
- \_\_\_\_\_ 5. Wash the area surrounding where the catheter enters the body as directed. **If you are working with an uncircumcised male, be sure to retract the foreskin and cleanse well as a part of cleaning catheter entry site.**
- \_\_\_\_\_ 6. Wipe the tube as directed, starting at the point where the catheter enters the body and moving downward. Never wipe upward-always wipe away from where the catheter enters the body. Clean from the catheter entry point to the connection point between the catheter and the tube connecting the catheter to the collection bag.
- \_\_\_\_\_ 7. Check for any kinks or coils in the tubing between the catheter and the collection bag. If any are found, straighten them out so that urine can freely drain into the collection bag.
- \_\_\_\_\_ 8. Clean up any equipment and discard or return to storage area appropriately.
- \_\_\_\_\_ 9. Remove and discard gloves appropriately and wash hands.

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials Instructor Name \_\_\_\_\_

COMMENTS:

## Health-Related Activities Skills Checklist: Emptying the Urine Collection Bag

- \_\_\_\_\_ 1. Wash hands and put on disposable gloves
- \_\_\_\_\_ 2. Gather equipment
- \_\_\_\_\_ 3. Remove urine bag outlet from its holding area and open it over an appropriate container. Drain contents of urine bag, being careful not to splatter any urine.
- \_\_\_\_\_ 4. Re-clamp outlet to urine bag and place it back into its holding area.
- \_\_\_\_\_ 5. Measure and record amount of urine if required.
- \_\_\_\_\_ 6. Note any unusual color or odor, or volume of output unusual for this client. Report per your agency's policy.
- \_\_\_\_\_ 7. Clean equipment and return to storage
- \_\_\_\_\_ 8. Remove and dispose of gloves appropriately. Wash hands



**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Instructor initials** **Instructor Name** \_\_\_\_\_

COMMENTS:



# Health-Related Activities Skills Checklist: Emptying and Replacing a Colostomy Bag



## Emptying a colostomy Bag

- \_\_\_\_\_ 1. Assemble supplies. (Make sure all colostomy care supplies are clearly labeled for colostomy care only)
- \_\_\_\_\_ 2. Wash hands and apply gloves
- \_\_\_\_\_ 3. Explain to the client what you will be doing
- \_\_\_\_\_ 4. Place client in a comfortable position as instructed and provide privacy
- \_\_\_\_\_ 5. Remove the clip, clear out the contents and rinse the bag as instructed
- \_\_\_\_\_ 6. Close and re-seal the bag using the clip or other provided device
- \_\_\_\_\_ 7. Clean up supplies and discard as appropriate.
- \_\_\_\_\_ 8. Remove and dispose of gloves appropriately. Wash hands

## Replacing a Colostomy bag

Perform steps 1-4, then

- \_\_\_\_\_ 5. Gently remove the soiled colostomy bag from the stoma site and place in a double bag
- \_\_\_\_\_ 6. Clean site as instructed and if necessary apply a new wafer as instructed
- \_\_\_\_\_ 7. Apply a new pouch
- \_\_\_\_\_ 8. Gather wastes and dirty material being sure to secure it tightly. Discard as directed.
- \_\_\_\_\_ 9. Remove and discard gloves appropriately and wash hands.
- \_\_\_\_\_ 10. Document procedure performed, time, observations and any reaction the client had to the procedure.



**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Instructor initials** **Instructor Name** \_\_\_\_\_

COMMENTS:          
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## Health-Related Activities Skills Checklist: Collection of Clean Catch (Mid-Stream) Urine Sample

- \_\_\_\_\_ 1. Gather equipment
- \_\_\_\_\_ 2. Wash hands and put on gloves
- \_\_\_\_\_ 3. Explain to the client what you will be doing
- \_\_\_\_\_ 4. Clean the genitals thoroughly with soap and water if client unable to do for self.
- \_\_\_\_\_ 5. Have client begin to urinate into toilet. After stream has begun, insert specimen cup into stream. After desired amount of specimen obtained, remove specimen cup from stream as client continues to empty the bladder.
- \_\_\_\_\_ 6. If client unable to do step 5 above, have the client urinate into a urine hat or urinal which has been thoroughly cleaned with bleach water or another appropriate solution. Pour sample collected into the specimen cup supplied by the lab or doctor's office
- \_\_\_\_\_ 7. Do not touch the inside of the collection cup, underside of the lid, top rim of the cup, or lay the lid face down on a surface. If unable to take to the lab or physician's office immediately, store specimen as directed by physician or other appropriate health care provider.



**Trainee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Instructor initials** **Instructor Name** \_\_\_\_\_

**COMMENTS:**

## Checklist for Oxygen Therapy

- \_\_\_\_\_ 1. Check tank for adequate oxygen supply
- \_\_\_\_\_ 2. Explain procedure to person
- \_\_\_\_\_ 3. Explain safety precautions
- \_\_\_\_\_ 4. Wash your hands and put on gloves
- \_\_\_\_\_ 5. Connect the nasal cannula or mask to the oxygen source
- \_\_\_\_\_ 6. Adjust flow rate as directed by healthcare professional (prescription)
- \_\_\_\_\_ 7. Check that oxygen is flowing from cannula or mask
- \_\_\_\_\_ 8. Place cannula in person's nostrils, or place mask on person's face
- \_\_\_\_\_ 9. Adjust cannula or mask as necessary for person's comfort
- \_\_\_\_\_ 10. Instruct person using a cannula to breathe through their nose with mouth closed
- \_\_\_\_\_ 11. Recheck the tank for oxygen supply
- \_\_\_\_\_ 12. Assure proper flow rate
- \_\_\_\_\_ 13. Remove gloves, wash hands
- \_\_\_\_\_ 14. Document:
  - ↳ rate of oxygen flow
  - ↳ person's response to cannula/mask
  - ↳ any comfort measures initiated
  - ↳ problems encountered with use of cannula/mask
  - ↳ measures taken to address problems encountered
- \_\_\_\_\_ 15. Recheck flow rate and oxygen supply, and flow from cannula every 2 hours. Also before and after transition to different activities and locations. Document findings.
- \_\_\_\_\_ 16. Check pulse oximeter reading as directed by healthcare professional. Document outcome. Continue or discontinue oxygen as prescribed.
- \_\_\_\_\_ 17. When oxygen gauge is near or at the red zone, change tank and repeat steps 2-14
- \_\_\_\_\_ 18. The cannula/mask should be removed and cleaned if oxygen is not flowing, after use of PRN oxygen, and if visibly soiled.

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

Comments:

## Checklist for Monitoring Pulse Oximetry

### Procedure Steps

- \_\_\_\_\_ 1. Choose a sensor appropriate to the person's age, size and weight, and the desired location.
- \_\_\_\_\_ 2. If the person is allergic to adhesive, uses a clip-on probe sensor.
- \_\_\_\_\_ 3. Clean and dry the site.
- \_\_\_\_\_ 4. If using an adhesive wrap, remove the protective backing and wrap around appropriate finger.
- \_\_\_\_\_ 5. When attaching the probe, make sure that the photo-detector and light-emitting diodes on the probe sensor face each other.
- \_\_\_\_\_ 6. Connect the sensor probe and turn it on.
- \_\_\_\_\_ 7. Wait 10-30 seconds until the digital display stops changing and then read the numbers.
- \_\_\_\_\_ 8. Remove the probe sensor and turn off the oximeter when monitoring is no longer necessary.
- \_\_\_\_\_ 9. Document results and report any out of range findings to a HCP (health care professional).

(Adapted from FA Davis Co. 2007. Wilkinson & VanLeuven. Procedure Checklist for Fundamentals of Nursing.)

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor Initials      Instructor Name \_\_\_\_\_

**Comments:**

## Check list for use of CPAP / BiPAP machine

1. Place the machine on a level surface near the bed.
2. Place the machine at least 12 inches away from anything that could block the vents (curtains, bedspread, etc.).
3. Place the machine lower than the level of the bed so any accumulation of water will drain back toward the machine, not the mask.
4. Plug the machine into an outlet. Do NOT use an extension cord.
5. Fill the water well with distilled water only. No tap water.
6. Place the water well into the machine per manufacturer's instructions.
7. Wash your hands and put on gloves.
8. Put the hose of the face device into the hose port on machine.
9. Position face piece (mask, nose pillow, etc.) on face.
10. Fasten / adjust headgear on the person's head so that the face device fits snugly.
11. Turn the unit on. If using oxygen, turn on CPAP / BiPAP unit first, before turning on oxygen flow.
12. Have the person breathe deeply until pressured air begins to flow.
13. Have person breathe normally once pressured air is flowing. Make sure no air is leaking out of the mask or nasal pillows. If it is, readjust the mask or nasal pillows and headgear.
14. When the person awakens in the morning, turn off the machine. If using oxygen, turn off oxygen first before turning off the machine.
15. Remove the face gear and clean per provider's instructions.
16. Clean the machine, and hose per supplier's instructions and hang hose to dry.

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

Comments:

## Checklist for using a Percussion Vest

- \_\_\_\_\_ 1. You **MUST** receive training on the use of a person's percussion vest before using it with them.
- \_\_\_\_\_ 2. Wash hands and put on gloves.
- \_\_\_\_\_ 3. Prepare percussion vest equipment and suction machine if suction will be used.
- \_\_\_\_\_ 4. Instruct the person about use of the vest (body position; length of treatment).
- \_\_\_\_\_ 5. Encourage the person to relax, breathe normally and cough when they feel like it.
- \_\_\_\_\_ 6. Place the vest on the person and check the fit of vest. It should be snug, but allow a hand to be inserted between the vest and chest. The vest should not sit on or below the hip bones.
- \_\_\_\_\_ 7. Help the person into a comfortable position of their choice. Be sure their upper body is elevated.
- \_\_\_\_\_ 8. Connect the tubing to the vest and generator per instructions.
- \_\_\_\_\_ 9. Turn generator on by pressing "start." Frequency and time are pre-set – DO NOT adjust.
- \_\_\_\_\_ 10. As the vest inflates, firmly grasp it at the bottom and pull it down.
- \_\_\_\_\_ 11. Stay within auditory range and visually monitor the person at least every 5 minutes during the treatment time. Stop the treatment immediately if the person is upset or in pain.
- \_\_\_\_\_ 12. When the treatment is done, have the person cough or suction as instructed by the person's licensed healthcare professional.
- \_\_\_\_\_ 13. Remove gloves, wash hands.

3-24-17 / 9-22-17

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

Comments:

## Checklist for Cough-assist Insufflator-Exsufflator

### How to use the Cough-assist Insufflator - Exsufflator

- \_\_\_\_\_ 1. Plug electrical cord into power socket and into back of machine.
- \_\_\_\_\_ 2. Wash hands and put on gloves.
- \_\_\_\_\_ 3. Insert the tubing into the cough assist machine.
- \_\_\_\_\_ 4. Attach the face mask to the other end of tubing.
- \_\_\_\_\_ 5. Position the person as instructed.
- \_\_\_\_\_ 6. If oral suctioning is required after exsufflation, prepare the oral suction machine.
- \_\_\_\_\_ 7. Turn on the cough machine using the power switch.
- \_\_\_\_\_ 8. Check the pressure by putting hand over mask. Check pressure gauge to ensure correct pressures are registering on the gauge for both inspiration & expiration.
- \_\_\_\_\_ 9. Check to be sure the machine is in auto mode.

### Now You Are Ready to Use the Cough-assist Insufflator - Exsufflator With the Person

- \_\_\_\_\_ 1. Make sure the person is comfortable and ready for the treatment.
- \_\_\_\_\_ 2. At the end of expiration or just at the start of inspiration, seal the mask firmly around the person's mouth and nose.
- \_\_\_\_\_ 3. Instruct the person to take a deep breath in with the machine during the inspiration and to cough strongly during expiration. (If they are able)
- \_\_\_\_\_ 4. After each cycle (inspiration and expiration) pause the machine and remove the mask.
- \_\_\_\_\_ 5. Instruct the person to spit out any secretions or orally suction if needed.
- \_\_\_\_\_ 6. Allow the person to recover.
- \_\_\_\_\_ 7. Repeat steps 2-6 for the prescribed number of cycles.
- \_\_\_\_\_ 8. Turn off machine at the switch and at the power socket.
- \_\_\_\_\_ 9. If gloves are soiled, remove them; wash hands; and put on clean gloves.
- \_\_\_\_\_ 10. Clean machine, mask, and tubing according to specific instructions for that individual's equipment.

- ✓ Remember, it will be difficult for the person to take a normal breath while the insufflator is cycling air in and out. If the person is distressed by this, remove the mask promptly and start again when the person is calm and ready

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor Initials      Instructor Name \_\_\_\_\_

Comments:

## Checklist for Application of Compression Hose

- \_\_\_\_\_ 1. Wash hands.
- \_\_\_\_\_ 2. Check MAR / TAR for current order.
- \_\_\_\_\_ 3. Note any special instructions on the MAR / TAR.
- \_\_\_\_\_ 4. Gather the equipment you need. Make sure the hose are dry.
- \_\_\_\_\_ 5. Have person recline on bed and explain the procedure.
- \_\_\_\_\_ 6. Be sure feet and legs are clean and dry and there are no open sores, skin infections or other signs the hose should not be applied. Put on gloves if person has toe fungus.
- \_\_\_\_\_ 7. Place your hand in the top of clean hose.
- \_\_\_\_\_ 8. Pull hose up your arm until your hand is in the foot of the hose.
- \_\_\_\_\_ 9. Roll hose inside out down over your arm to your hand while keeping a grip on the inside of the toe.
- \_\_\_\_\_ 10. Grasp edges of hose and place person's foot into toe of hose.
- \_\_\_\_\_ 11. Work the foot of the hose over the person's foot. Be sure the toe and heel of hose is in place.
- \_\_\_\_\_ 12. Smooth material over foot. Ensure there are no ridges or bunching.
- \_\_\_\_\_ 13. Grasp edge of hose and pull it up over the ankle and calf.
- \_\_\_\_\_ 14. Be sure the hose top is 1-2 inches below the crease behind the knee or 1-3 inches below the buttocks.
- \_\_\_\_\_ 15. Be sure the hose fits smoothly over the skin. No wrinkles or folds. If there are wrinkles or folds, roll the hose back to below the wrinkle and re-work the hose back up the leg.
- \_\_\_\_\_ 16. Repeat procedure for opposite leg if the hose are ordered for both legs.
- \_\_\_\_\_ 17. Wash your hands.
- \_\_\_\_\_ 18. Document on the MAR/TAR.
- \_\_\_\_\_ 19. Report any problems to appropriate Health Care Professional.

Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

Comments:



## Understanding the Label on OTC Drug Products

Products that contain drugs have the specific heading "Drug Facts" on their label. Special attention must be given to all information under "Drug Facts". Over the Counter products that do not list "Drug Facts" may be used as the label directs.

Always keep the original box or bag of the purchased product. The label must be available at all times when the product is being used. ✓ To assure the product is used correctly and safely, the label must be read by anyone using the product before every use. ✓ Check the expiration date before each use -- do NOT use products after the expiration date. ✓ Compare individual's allergy list to ingredients on the label. ✓ Keep all medications out of reach of children or others who might swallow them.

### Example: ICY HOT® Pain Relieving Cream

Drug Facts	Drug Facts Continued
<b>Active Ingredient</b> <b>Purpose</b> Menthol 10% .....Topical analgesic Methyl salicylate 30%.....Topical analgesic	If pregnant or breast feeding, ask a health professional before use. Keep out of reach of children. In case of accidental ingestion, get medical help or contact a Poison Control Center right away.
<b>Uses</b> Temporarily relieves minor pain associated with: •arthritis •simple backache •muscle strains •sprains •bruises	
<b>Warnings:</b> For external use only  <hr/> <b>Allergy alert:</b> If prone to allergic reaction from aspirin or salicylates, consult a doctor before use  <b>When using this product</b> ■ Use only as directed    ■ do not bandage tightly or use with a heating pad    ■ avoid contact with eyes or mucous membranes ■ do not apply to wounds or damaged, broken or irritated skin  <b>Stop use and ask doctor if</b> ■ condition worsens    ■ Symptoms last more than 7 days or clear up and occur again within a few days    ■ redness is present ■ irritation develops	<b>Directions</b> Adults and children over 12 years: ■ apply generously to the affected area    ■ massage into painful area until thoroughly absorbed into skin ■ repeat as necessary, but no more than 4 times daily    children 12 years or younger: ask a doctor
	<b>Inactive ingredients:</b> carbomer, cetyl esters, emulsifying wax, oleth-3 phosphate, stearic acid, triethanolamine, water (245-110)

**ACTIVE INGREDIENT(S):** is the drug in the product and is listed on the drug facts label. For each active ingredient there is a purpose listed. The purpose of all active ingredients is the reason the drug is being used.

**USES:** Make sure to use the product only for the right purpose as listed on the label and allowed by law.

**WARNINGS:** Follow all warnings exactly, (such as "Do not get in eyes.") Pay attention to warnings about when to stop using the product and when to ask a doctor about using the product. You MUST stop using the product and contact the doctor as instructed on the label.

**DIRECTIONS:** These tell you where, when, how much, and how often to use the product. Directions also state when you can use the product again if still needed. **DO NOT USE MORE of the product than recommended OR MORE OFTEN THAN THE LABEL STATES.**

**OTHER INFORMATION:** Includes instructions such as proper storage.

**INACTIVE INGREDIENTS:** These are things in the product that contribute to the delivery, stability, texture, and smell of the product. It is very important to make sure that **NONE** of the inactive ingredients are things the person is allergic to.

**QUESTIONS?** There is often a number on the label for calling the manufacturer for questions about the product. Questions about an individual's health or condition must always be directed to their personal licensed health care professional such as a doctor, nurse, pharmacist, specialist, etc.

**OTC Topical Musculoskeletal Drug Administration:  
Return Demonstration Skills Checklist**

Knowledge and Skills Demonstrated	✓ Demonstrated	Comments
1. Explains how to involve the individual in the choice of OTC product(s) to be used		
2. States how to confirm allergies before every use, with every person, every time		
3. Demonstrates from a product label how to know: ↳ when to use                      ↳ where to use ↳ how to use                      ↳ how much to use ↳ when to repeat use		
4. Demonstrates reading label for warning(s)		
5. Demonstrates checking for the expiration date		
6. Demonstrates reading the label for manufacturer phone number		
7. Can explain and give an example of the requirement to report a problem to the individual's licensed healthcare professional (HCP)		
8. Washes hands and puts on gloves before applying OTC medication		
9. Demonstrates application by using a sample of a non-drug lotion on another person following manufacturer instructions		
10. Demonstrates removing gloves and washing hands after applying the sample non-drug lotion		
11. Demonstrates documentation on a sample form		
12. States that Category 1 Certification must be current to use OTC musculoskeletal medication(s)		
13. States that Category 1 Certification does not authorize use of any other OTC medication without a prescription		

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Trainee name: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Instructor initials      Instructor Name \_\_\_\_\_

Comments: \_\_\_\_\_

# Individual Specific Training Form for Use of OTC Topical Musculoskeletal Medications:

Individual's Name: \_\_\_\_\_

Person's allergies: \_\_\_\_\_

### Person's preferred product(s):

↓ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

↓ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

↓ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

↓ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

### Person's ability to:

↓ recognize need for product(s) (describe) \_\_\_\_\_

↓ apply product (describe) \_\_\_\_\_

↓ report problems with use of the product (describe) \_\_\_\_\_

### Other individual specific information:

\_\_\_\_\_  
\_\_\_\_\_

Where to document use of product: \_\_\_\_\_

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IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

**Individual Specific Training Form  
for Use of OTC Topical Musculoskeletal Medications:**

Individual's Name: \_\_\_\_\_

Person's allergies: \_\_\_\_\_

**Person's preferred product(s):**

↳ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

↳ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

↳ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

↳ Product: \_\_\_\_\_ Reason for use: \_\_\_\_\_

**Person's ability to:**

↳ recognize need for product(s) (describe) \_\_\_\_\_

↳ apply product (describe) \_\_\_\_\_

↳ report problems with use of the product (describe) \_\_\_\_\_

**Other individual specific information:**

\_\_\_\_\_  
\_\_\_\_\_

**Where to document use of product:** \_\_\_\_\_

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IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_

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IST provided by \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_