# SKILL EVALUATION 1.

## READ and UNDERSTAND Rx LABELS

### PRESCRIPTION (Rx) LABEL

(1) Ned Halftab
(2) Atenolol (generic for TENORMIN)
(3) 50 mg
(4) #45
(5) Take one-half (1/2) tablet two times daily.
(6) for Hypertension (high blood pressure).

(7) Fill Date: January 21, 2012 3 Refills before 01/21/2013

(8) Dr. Pill Splitter, MD. (10) Rx # 772001

(9) ALF PHARMACY
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

(11) Discard after 01/21/2013

| Rx LABEL | READ and UNDERSTAND the following: | Check List |
|---|---|---|
| 1. | Location of resident's name | |
| 2. | Medication name (brand versus generic) | |
| 3. | Medication strength or dosage | |
| 4. | Quantity of medication in container | |
| 5. | Directions for use | |
| 6. | Condition for which medication is used | |
| 7. | Prescription fill date and number of refills allowed | |
| 8. | Name of health care provider (HCP) - doctor | |
| 9. | Name, address, and phone number of pharmacy | |
| 10. | Prescription number or Rx number | |
| 11. | When medication expires or when to discard | |

## SKILL EVALUATION 2.

## ASSISTANCE with ORAL SOLIDS

### TABLETS or CAPSULES

| ORAL MOUTH | Assistance With ORAL SOLIDS - Mouth | Check List |
|---|---|---|
| **1.** | Wash hands and obtain necessary items (medication container with label, MOR, water, juice, etc.). Check expiration date of medication. | |
| **2.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **3.** | Follow facility policy for identifying resident. Address resident by name. | |
| **4.** | Assist the resident to a comfortable sitting position and read the medication label to the alert resident and confirm understanding. | |
| **5.** | Open container in front of the resident and place medication in resident's hand or cup or other suitable device or container. | |
| **6.** | Assist the resident in taking the medication (Do not put in mouth). | |
| **7.** | Observe the resident swallowing the medication. | |
| **8.** | Return medication to proper storage area. | |
| **9.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **10.** | Always document on the MOR the assistance with PRN "as needed" medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **11.** | Wash hands properly. | |

# SKILL EVALUATION 3.


# ASSISTANCE WITH ORAL SOLIDS


## BREAK SCORED-TABLET

| ORAL MOUTH | Assistance With ORAL SOLIDS - Break Scored Tablet | Check List |
|---|---|---|
| **1.** | Wash hands and gather necessary items (medication container with label, MOR, cups, facilities designated pill cutting device), see below. | |
| **2.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **3.** | Follow facility policy for identifying resident. Address resident by name. | |
| **4.** | Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding. | |
| **5.** | Open container in front of the resident, **split scored medication using pill splitter or cutting device** and place medication in resident's hand or cup or other suitable container. | |
| **6.** | Assist the resident in taking medication (Do not put in mouth). | |
| **7.** | Observe the resident swallowing the medication. | |
| **8.** | Return medication to proper storage area. | |
| **9.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **10.** | Always document on the MOR the assistance with PRN "as needed" medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **11.** | Wash hands properly. | |

**Examples of pill splitters or cutters.**

## SKILL EVALUATION 4.

## CRUSHING MEDICATION (PILL)

**CRUSHING TABLETS or CAPLETS - only crush if prescribed to do so by health care provider (HCP).**

| CRUSH | Assistance With ORAL SOLIDS – "Crushing" | Check List |
|---|---|---|
| **1.** | Wash hands and gather necessary items (medication container with label, MOR, **pill crusher, paper cups,** water, food, juice, etc.). | |
| **2.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **3.** | Follow facility policy for identifying resident. Address resident by name. | |
| **4.** | Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding. | |
| **5.** | Open container in front of the resident, **crush medication (see below)**, and place medication in resident's hand or cup or other suitable device (i.e., spoon with food like applesauce or pudding). | |
| **6.** | **Crushing medication: Place medication in paper cup and cover with another paper cup, and use pill crusher or firm instrument on top of cup to crush the medication.** | |
| **7.** | Assist the resident in taking medication with food. (Do not put in mouth.) | |
| **8.** | Observe the resident swallowing the medication. | |
| **9.** | Return medication and supplies to proper storage area. | |
| **10.** | Record assistance with medication on MOR. | |
| **11.** | Wash hands properly. | |

## MEDICATIONS THAT SHOULD NOT BE CRUSHED OR CHEWED

**Buccal tablets (cheeks or oral cavity)**
**Enteric coated tablets (special coating)**
**Sustained or time release capsules**
**Sustained or time release tablets**
**Sublingual (under the tongue)**

**Examples of pill crushers for medication**

## SKILL EVALUATION 5.

## ASSISTANCE with ORAL LIQUIDS

### MEASURE and POUR SOLUTIONS or SUSPENSIONS (SHAKE WELL)


| ORAL LIQUID | Assistance With ORAL LIQUIDS (i.e., Suspensions) | Check List |
|---|---|---|
| **1.** | If LIQUID medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log. | |
| **2.** | Wash hands and obtain necessary items (medication with label, MOR, cups, **accurate measuring container or device**), etc. | |
| **3.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **4.** | Follow facility policy for identifying resident. Address resident by name. | |
| **5.** | If LIQUID medication is a **suspension**, **"SHAKE WELL."** | |
| **6.** | Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding. | |
| **7.** | Measure and pour liquids using a container with measurements on it (oral syringes, unit dose cups, cooking spoons, etc.). Remove the cap and place it with the open side up. Hold the bottle with the label toward the palm of the hand to avoid soiling the label. Locate the marking on the container for the amount to be poured in a container at eye level. | |
| **8.** | Measure with container at eye level and pour medication using thumb to identify the correct level (dose) and then close container properly. | |
| **9.** | Assist the resident in taking the right medication (do not place in mouth). Pour right amount of medication in cup or other suitable container and place in the right resident's hand. | |
| **10.** | Observe the resident swallowing the medication. | |
| **11.** | Return medication to proper storage area (i.e., LOCKED refrigerator). | |
| **12.** | Always document on the MOR the assistance with PRN "as needed" medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff | |
| **13.** | Wash hands properly. | |

## SKILL EVALUATION 6.

## ASSISTANCE WITH TOPICAL for SKIN: CREAMS, LOTIONS, OINTMENTS, and SPRAYS.

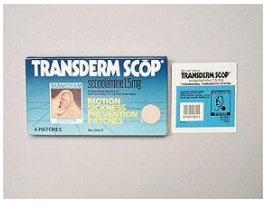
### HOW to APPLY TOPICAL MEDICATIONS to the SKIN.

| SKIN | Assistance With TOPICAL MEDICATION for SKIN: CREAMS, LOTIONS, OINTMENTS, and SPRAYS | Check List |
|---|---|---|
| **1.** | Wash hands, identify right resident, **provide for privacy**, and obtain necessary items (topical medication container with label, MOR, gloves, applicator such as tongue blades, clean gauze pads, Q-tips). | |
| **2.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR again before providing the medication to the resident. | |
| **3.** | Follow facility policy for identifying resident. Address resident by name. | |
| **4.** | Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding. | |
| **5.** | Use gloves or an applicator, such as a wooden tongue depressor, clean Q-tip, or gauze pad, so that your hands do not come into contact with medication or affected skin. Using gloved hand, apply thin film of cream, ointment, lotion, or spray to affected area. Do not cover with a bandage unless directed by the HCP. Replace container top promptly. | |
| **6.** | Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film. Avoid rubbing the skin. | |
| **7.** | Dispose of tongue depressor, gauze pads, and gloves, and wash hands immediately. | |
| **8.** | Return medication to proper storage area (i.e., LOCKED area). | |
| **9.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **10.** | Always document on the MOR the assistance with PRN “as needed” medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **11.** | Wash hands properly. | |

## SKILL EVALUATION 7.

## ASSISTANCE WITH TOPICAL PATCH

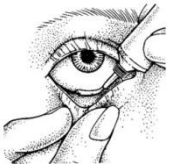

### HOW to APPLY TOPICAL PATCHES to the SKIN.




| SKIN | Assistance With TOPICAL PATCHES for the SKIN | Check List |
|---|---|---|
| **1.** | Wash hands, identify right resident, provide for privacy, and obtain necessary items (topical medication container with label, GLOVES, MOR, etc.). | |
| **2.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR again before providing the medication to the resident. | |
| **3.** | Follow facility policy for identifying resident. Address resident by name. | |
| **4.** | Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding. | |
| **5.** | If replacing existing patch, using gloved hands, remove old patch. **Open the package and remove the new patch.** Date and initial the patch (and time, if appropriate). | |
| **6.** | Remove the backing from the patch, using care not to touch medication with hands. | |
| **7.** | Apply the patch to a dry, hairless part of the body, according to package instructions. Watch for old patches that should be removed or absence of a patch that should be present. Alternate the application sites to avoid skin irritation. Notify the health care provider of irritation. | |
| **8.** | Dispose of supplies and wash hands immediately to avoid absorbing the medication yourself. | |
| **9.** | Return medication to proper storage area (i.e., LOCKED area). | |
| **10.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **11.** | Always document on the MOR the assistance with PRN “as needed” medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **12.** | Wash hands properly. | |

## SKILL EVALUATION 8.

## ASSISTANCE WITH EYE MEDICATION



### HOW to INSTILL EYES DROPS and EYE OINTMENTS or OPHTHALMIC MEDICATIONS

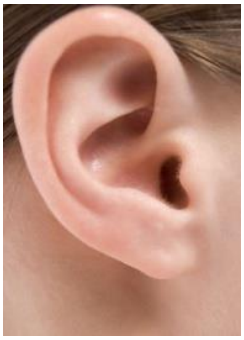
| EYE | Assistance With EYE DROPS and EYE OINTMENTS | Check List |
|---|---|---|
| **1.** | If EYE medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log. | |
| **2.** | Wash hands and obtain necessary items (eye medication with label, gloves, MOR, warm cloth, gauze, tissues, barrier or disposable tray, etc.). Check expiration date of medication when retrieving medication. | |
| **3.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **4.** | Follow facility policy for identifying resident. Address resident by name. | |
| **5.** | Identify which eye (right, left, or both) to receive medication. | |
| **6.** | Ask the resident to sit or lie down, and clean the eye with warm water if needed to remove any discharge from the eye. If crusting or discharge is present, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleaning the eye, wipe from the inner eye to the outer eye (from closest to the nose, to away from the nose). Wash hands again. Put on examination **gloves**. If drops are a suspension, then “SHAKE WELL.” | |
| **7.** | Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding. | |
| **8.** | Remove cap and place it upright on barrier or on a clean dry surface. | |
| **9.** | Explain procedure. Tilt resident’s head slightly back and with gloved finger assist resident to pull down gently on the lower eyelid to form a “pouch,” while instructing the resident to look up. Place other hand against resident's forehead to steady. Hold inverted medication container between the thumb and index finger, and press gently to instill prescribed amount into “pouch” near outer corner of eye. | |
| **10.** | **IF DROPS, place drops in “pouch” in the lower eye lid. Do NOT let tip of dropper touch the eye or any other surface. If resident blinks or drop lands on cheek, repeat administration. Recap container.** | |

| | | |
|---|---|---|
| **11.** | **IF OINTMENT, run a strip of ointment in "pouch" in the lower eye lid. Recap container.** | |
| **12.** | Instruct resident to close eyes gently to allow for even distribution over surface of eye. Resident should not blink or squeeze eyes shut. | |
| **13.** | Wipe off tears or excess from the eye with a clean gauze, cotton ball, or tissue. | |
| **14.** | Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator). | |
| **15.** | If administering medication to BOTH eyes, use a different gloved finger to apply pressure to other eye tear duct. | |
| **16.** | If additional drops of the same or different medication are required in the same eye, wait 3-10 minutes (check package insert) and repeat procedures above. | |
| **17.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **18.** | Always document on the MOR the assistance with PRN "as needed" medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **19.** | Remove and dispose of gloves. Discard barrier. | |
| **20.** | Wash hands thoroughly. | |
| **21.** | Monitor for side effects or adverse effects. | |
| **22.** | When two or more eye medications are being administered, they should be scheduled at least 10 minutes apart. Check package insert. | |
| **23.** | Special Note: If more than one eye medication is to be administered at same time as ointment, consult physician or pharmacist for direction. | |
| **24.** | Some medications require longer waiting periods. Always refer to the individual package insert or other reliable reference for complete administration information of eye medications. | |
| **25.** | **Resident's vision may be blurred after application. Instruct resident to remain seated until vision clears up to reduce chance of falling.** | |

# SKILL EVALUATION 9.

# ASSISTANCE WITH EAR MEDICATION

## HOW to INSTILL EAR DROPS and EAR SUSPENSIONS or OTIC MEDICATIONS



| EAR | Assistance With EAR DROPS and EAR SUSPENSIONS | Check List |
|---|---|---|
| **1.** | If EAR medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log. | |
| **2.** | **Wash hands and obtain necessary items (ear drop medication with label, MOR, gloves, cotton balls, tissues, barrier or disposable tray, etc.). Check expiration date of medication when retrieving medication.** | |
| **3.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **4.** | Follow facility policy for identifying resident. Address resident by name. | |
| **5.** | Identify which **ear** (right, left, or both) to receive medication. | |
| **6.** | **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If drops are suspension, then **"SHAKE WELL**." | |
| **7.** | Assist the resident to a comfortable position and turn resident's head so that the affected **ear** is facing up. | |
| **8.** | If bottle serves as dropper, remove cap and place it upright on barrier or on a clean, dry surface. | |
| **9.** | Straighten **ear** canal by gently pulling earlobe up and back. | |
| **10.** | **IF DROPS, instill prescribed number of drops into ear canal. Do NOT let tip of dropper touch the ear or any other surface. Recap container.** | |
| **11.** | Instruct resident to remain in same position about five minutes with affected **ear** upwards. Gently place a cotton ball in the external ear canal to prevent leakage. | |
| **12.** | If ear drops are to be placed in both **ears**, wait five minutes and repeat steps 7 through 11 in other **ear**. | |

| | | |
|---|---|---|
| **13.** | Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required). | |
| **14.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **15.** | Always document on the MOR the assistance with PRN “as needed” medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **16.** | Remove and dispose of gloves. Discard barrier. | |
| **17.** | Wash hands thoroughly. | |
| **18.** | Monitor for side effects or adverse effects. | |

## SKILL EVALUATION 10.


## ASSISTANCE WITH NOSE MEDICATION

### HOW to ASSIST with NOSE DROPS and NASAL SPRAYS
### NASAL MEDICATIONS

| NOSE | Assistance With NOSE DROPS and NASAL SPRAYS | Check List |
|---|---|---|
| **1.** | If NOSE medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log. | |
| **2.** | **Wash hands and obtain necessary items (nose drop or spray medication with label, MOR, gloves, cotton balls, clean tissues, barrier or disposable tray, etc.). Check expiration date of medication when retrieving medication.** | |
| **3.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. Be sure sufficient doses remain. | |
| **4.** | Follow facility policy for identifying resident. Address resident by name. | |
| **5.** | Identify which **NOSTRIL** (right, left, or both) to receive medication. | |
| **6.** | **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If nose drops are suspension, then “SHAKE WELL.” Check label. | |
| **7.** | Assist the resident to a comfortable position and turn resident’s head so that the affected **NOSTRIL** is facing up. | |
| **8.** | If bottle serves as dropper, remove cap and place it upright on barrier or on a clean, dry surface. | |
| **9.** | If possible, ask resident to blow nose gently to remove any excess mucus. | |
| **10.** | **IF NOSE DROPS, instill prescribed number of NOSE drops into NOSTRIL or both NOSTRILS. Do NOT let tip of dropper touch the NOSE or any other surface. Recap container.** | |

| | | |
|---|---|---|
| **11.** | **IF NOSE SPRAY,** (check package insert for specific instructions if possible),<br>1. Prime nasal inhaler device by holding bottle upright and away from face while spraying into air.<br>2. Resident should be sitting up, if possible. Instruct resident to hold head upright, slightly forward.<br>3. Gently press side of nostril that is not receiving drug using finger of other hand.<br>4. Keep bottle upright and insert spray tip into nostril (no more than 1/4 inch).<br>Point the tip to the back outer side of nose. Ask resident to breathe out through mouth.<br>5. **Instill prescribed number of SPRAYS into one or both NOSTRILS as prescribed. Press actuator or spray tip firmly and quickly while resident breathes through nose and out mouth. If necessary, clean spray tip and device according to manufacturer's guidelines or facility policy. Recap container.** | |
| **12.** | Instruct resident to remain in same position about five minutes with affected NOSTRIL upwards. Wipe off any excess drainage with clean tissue and gently place a cotton ball in the external NOSTRIL to prevent leakage. Resident should avoid blowing nose for at least 15 minutes. | |
| **13.** | If another dose of the same or different nasal medication is required in the same nostril, wait the amount of time recommended by the manufacturer (see package insert) or as prescribed. Repeat dose in either nostril as prescribed. | |
| **14.** | Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required). | |
| **15.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **16.** | Always document on the MOR the assistance with PRN "as needed" medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff. | |
| **17.** | Remove and dispose of gloves. Discard barrier. | |
| **18.** | Wash hands thoroughly. | |
| **19.** | Monitor for side effects or adverse effects. | |

## SKILL EVALUATION 11.

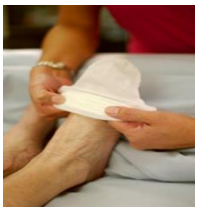

## ASSISTANCE WITH HFA INHALERS and DISKUS

## HOW to ASSIST with INHALERS and DISKUS MOUTH INHALATION MEDICATIONs

| MOUTH | Assistance With INHALERS and DISKUS | Check List |
|---|---|---|
| **1.** | If Inhaler or Diskus medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log. | |
| **2.** | **Wash hands and obtain necessary items (HFA Inhaler or Diskus medication with label, MOR, gloves, cotton balls, tissues, barrier or disposable tray, etc.). Check expiration date of medication when getting drug.** | |
| **3.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **4.** | Follow facility policy for identifying resident. Address resident by name. | |
| **5.** | Identify whether SPACER is required to administer medication. | |
| **6.** | **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If medication is suspension, then **"SHAKE WELL."** | |
| **7.** | If using spacer, examine spacer/holding chamber and remove any foreign objects. | |
| **8.** | Remove mouthpiece cap (and spacer cap). If not connected, place cap(s) on barrier or clean dry surface. | |
| **9.** | If necessary (see package insert), hold inhaler upright and **"SHAKE WELL."** Prime inhaler. | |
| **10.** | **IF NOT using SPACER, open mouth with inhaler one to two inches away, or place inhaler mouthpiece under top teeth and keep mouth open.** | |
| **11.** | **IF using SPACER, insert mouthpiece of inhaler into the flexible rubber end of spacer/holding chamber and place chamber in resident's mouth with lips closed around mouthpiece.** | |
| **12.** | Ask resident to breathe out. (Do NOT exhale into inhaler.) Position inhaler for administration of medication. | |

| | | |
|---|---|---|
| **13.** | Press down on inhaler once to release medication as resident starts to breathe in slowly through the mouth over 3-5 seconds. (**Do not spray more than one puff into spacer at a time.)** | |
| **14.** | If necessary, wash and thoroughly dry mouthpiece (see package insert or facility policy). If using spacer, wash spacer/holding chamber according to manufacturer's guidelines or facility policy. Recap container. | |
| **15.** | Resident should hold breath as long as possible. | |
| **16.** | **Dry Powder Inhaler or Diskus <u>DOs</u>. Do follow manufacturer package insert for device loading dose and preparation. Some devices require placement of capsule into inhaler/device and some already contain medication. Generally, the device should be held horizontally when used. Bring inhaler to mouth and close lips around mouthpiece. For best results, breathe in quickly and deeply through the mouth. Some inhalers require more than one inhalation in order to receive the full dose (see manufacturer's package insert). If capsule was manually inserted prior to administration, remember to remove empty capsule when done.** | |
| **17.** | **Dry Powder Inhaler or Diskus <u>DON'Ts</u>. CAPSULES containing dry powder for inhalation should NEVER BE SWALLOWED. Never use capsules that are broken or have been exposed to water. Do not activate the dose (by pushing the lever or twisting the inhaler/device) more than once per dose. Most dry-powdered inhaler/devices should NOT be shaken. Do not use a spacer/holding chamber. Do NOT close device until all doses have been received.** | |
| **18.** | If another puff of the same or different medication is required, wait 1-2 minutes (check package insert), then repeat procedures above. Close inhaler/device using manufacturer's package insert guidelines to ensure next dose will be ready when needed. | |
| **19.** | Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required). | |
| **20.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **21.** | Always document on the MOR the assistance with PRN "as needed" medication orders that have **<u>clear specific directions</u>** for use and that **<u>DO NOT</u>** require judgment or discretion by the unlicensed staff. | |
| **22.** | Remove and dispose of gloves. Discard barrier. | |
| **23.** | Wash hands thoroughly. | |
| **24.** | Monitor for side effects or adverse effects. | |

## SKILL EVALUATION 12.



## ASSISTANCE WITH Application and Removal of Anti-Embolism Hosiery

| | Assistance with Application and Removal of ANTI EMBOLISM HOSIERY | Check List |
|---|---|---|
| **1.** | Follow the facility's infection control policy and procedures | |
| **2.** | Gather your supplies and check the order for time and duration for the anti- embolism stockings use | |
| **3.** | Wash your hands; apply gloves if any impaired skin | |
| **4.** | Follow the facility policy for identifying the resident. Address the resident by name and ensure the resident's privacy. Explain the procedure to the resident. | |
| **5.** | Assist the resident in lying down on his/her back or in a comfortable sitting position | |
| **6.** | Make sure the resident's feet are dry. You may apply talcum powder if they are not dry | |
| **7.** | Gather the fabric of the stocking into your hand and place it on the resident's foot. Slowly roll the stocking upwards until the upper edge reaches just below the resident's knee | |
| **8.** | Place the heels and toes in the correct position. Examine the stocking to make sure there are no wrinkles in the fabric. Take caution when adjusting the stocking; avoid pinching the resident's skin | |
| **9.** | Assist the resident to a more comfortable position if he/she wishes to move | |
| **10.** | Remove and dispose of your gloves if used. Wash your hands. | |
| **11.** | Inform the Administrator or facility nurse of any resident complaints of discomfort, numbness, tingling or loss of feeling in the extremity | |

| | | |
|---|---|---|
| **12.** | Removal of the stockings as orders specify by gently sliding the hosiery down the resident's leg and off the foot. Be careful not to pull or snatch the hosiery as that may result in skin abrasions and bruising | |
| **13.** | Document the application and removal of the stockings on the MOR as per the health care provider written order. | |

## SKILL EVALUATION 13.

## ASSISTANCE WITH CONTINUOUS POSITIVE AIRWAY PRESSURE MACHINES (CPAP)

| | Assistance with CONTINUOUS POSITIVE AIR WAY PRESSURE MACHINES (CPAP) | Check List |
|---|---|---|
| **1.** | Follow the facility's infection control policy and procedures | |
| **2.** | Follow the facility policy for identifying the resident and explain the procedure to the resident | |
| **3.** | Set up CPAP machine per manufacture's recommendation:<br><br>**Note:** If oxygen is prescribed with the CPAP therapy, ensure the proper placement of the oxygen adaptor and oxygen tubing. **Always turn on the CPAP unit first, then turn on the oxygen and turn off the oxygen first before turning off the CPAP unit.**<br><br>Keep the machine at least 12 inches away from anything that may block the vents (drapes, bedspreads, etc.)<br><br>Position the machine lower than the level of the your bed so any accumulation of water will drain back toward the machine and not toward the resident<br><br>Plug the machine into a grounded outlet, if available. **The use of extension cords is not recommended** | |
| **4.** | Fill the humidifier with water (distilled water is recommended) as directed | |
| **5.** | Attach one end of the tubing to the humidifier and attach the other end to the mask | |
| **6.** | Assist the resident to clean their face to remove dirt or creams | |

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| **7.** | Position the mask on the resident's face and fasten the headgear | |
| **8.** | The mask should fit snug enough to prevent leaks but not too tight that causes pain | |
| **9.** | Turn on the unit and encourage the resident to relax and breathe normally through their nose | |
| **10.** | Wash hands with soap and water | |

## SKILL EVALUATION 14.

## SKILL EVALUATION

## ASSISTANCE WITH GLUCOMETERS

| | Assistance with GLUCOMETERS | Check List |
|---|---|---|
| 1. | Follow the facility's infection control policy and procedures | |
| 2. | Wash hands with soap and water | |
| 3. | Assemble supplies-gloves, alcohol swabs, cotton ball or gauze, glucometer and test strips | |
| 4. | Verify glucometer is calibrated following manufacturer's guidelines for the resident's glucometer. This may involve performing a test calibration to verify test strips and glucometer will produce an accurate blood glucose value | |
| 5. | Follow the facility policy for identifying the resident. Address the resident by name. Explain procedure to resident and ensure resident privacy. | |
| 6. | Apply gloves | |
| 7. | Clean resident's finger with an alcohol swab | |
| 8. | Using a lancet device, prick resident's finger and apply a small drop of blood to the test strip | |
| 9. | Discard lancet in a red biohazardous sharps container and never reuse lancets. | |
| 10. | Provide the resident with a cotton ball or gauze pad to blot prick site | |
| 11. | Insert test strip into glucometer and the meter will count down to the blood glucose value that will be displayed on the glucometer | |

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| 12. | Removed the test strip and discard | |
| 13. | Remove gloves and wash hands | |
| 14. | Document the blood glucose reading on the Medication Observation Record or other provider specific document | |
| 15. | Alert the administrator or facility nurse if the blood glucose value falls outside the resident's specific blood glucose levels per the health care practitioner's order | |
| 16. | Clean the glucometer per manufacturer's recommendation and store in a clean dry area | |

**Note: There are many types of glucometers available, therefore it is very important to read and follow the manufacturer's recommendations for use, cleaning, and storage**

## SKILL EVALUATION 15.

## ASSISTANCE with emptying/replacement of colostomy bag

| | Assistance with emptying/replacement of COLOSTOMY BAG | Check List |
|---|---|---|
| **1.** | Follow the facility's infection control policy and procedures | |
| **2.** | Gather your supplies -- a new pouch, a pouch clip and gloves. | |
| **3.** | Wash your hands; apply gloves | |
| **4.** | Follow the facility policy for identifying the resident. Address the resident by name and ensure the resident's privacy. Explain the procedure to the resident. | |
| **5.** | When possible, assist the resident to the bathroom to change or empty the pouch. | |
| **6.** | Remove the colostomy pouch from the ring seal around the stoma site.<br><br>Use caution, not to pull at the stoma site and disrupt the ring seal/adhesive wafer. | |
| **7.** | Empty the contents of the pouch into the toilet. Do not discard the pouch clip. | |
| **8.** | Rinse out the pouch with mild soap and water, and empty the rinse water into the toilet. | |
| **9.** | Reattach/ snap the pouch to the ring seal/ wafer. Examine the pouch placement making sure it is correctly secured. | |
| **10.** | Remove and dispose of your gloves.<br><br>Wash your hands with soap and water. | |

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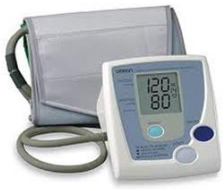
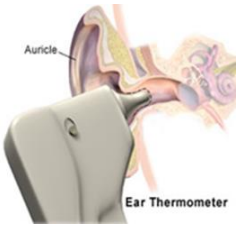
| **11.** | Notify the Administrator or facility nurse if you observe any of the following issues: leaking from around the pouch system, change in size or appearance of the stoma, observe any skin rashes, irritations or rawness around the stoma site, bleeding from the stoma or any complaint of pain. | |
| **12.** | Document the emptying/ replacement of the pouch as per facility policy. | |

## SKILL EVALUATION 16.

## ASSISTANCE with Obtaining Vital Signs






| | Assistance with OBTAINING VITAL SIGNS | Check List |
|---|---|---|
| **1.** | Follow the facility's infection control policy and procedures | |
| **2.** | **Manual Blood Pressure Monitoring-**<br><br>Wash hands with soap and water<br><br>Sit the resident in a comfortable chair, with his or her back supported with legs uncrossed. (No movement should be allowed). | |
| **3.** | Place the resident's arm on a table or hard surface. Make sure the arm is being relaxed and patient is comfortable. | |
| **4.** | Wrap the cuff carefully around the resident's upper part of the arm.<br><br>The cuff should be sized easily for the resident, so that it would have enough room for one fingertip to slip underneath | |
| **5.** | Place the stethoscope in the care giver ears. Then place the Diaphragm underneath the cuff on the artery. | |
| **6.** | Care giver should pump the cuff to make sure that it works. Also, turn the knob to make sure there is no air in the cuff.<br><br>The care giver should begin pumping the cuff until the measurement says 180.<br><br>Slowly unleash the turning knob and listen to the heart beat.<br><br>**Warning**: If the cuff is pumped over the amount that is giving, it can cause serious damage to the patient health. | |

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| **7.** | The first heart beat should be measured, and the last beat should be measured and that will indicate the systolic pressure and diastolic pressure.<br><br>Record accurately | |
| **8.** | **Automatic Blood Pressure Monitors-**<br><br>Follow steps 1 thru 4 above.<br><br>Press the start button to automatically inflate the cuff<br><br>The cuff will deflate after the pressure is measured.<br><br>Record results as listed on digital display<br><br>Note: Blood pressure monitors that measure your blood pressure in the finger or the wrist are not usually accurate and are not recommended | |
| **9.** | Follow manufacturer's recommendation for cleaning and storage | |
| **10.** | **Temperature (Tympanic with electronic thermometer)**<br><br>Follow the facility's infection control policy and procedures<br><br>Wash hands with soap and water<br><br>Place a thermometer cover on the tympanic probe<br><br>Ask the resident to turn his/her head, so ear is in front of you, pull back on the ear (gentle, firmly) to straighten the ear canal and insert the probe gently into ear canal directed toward nose.<br><br>Start the thermometer/ Wait until you hear a beep or flashing light and remove/ Read the temperature and record accurately.<br>Dispose of the probe cover.<br><br>Wash hands.<br><br>Follow manufacturer's recommendation for cleaning and storage | |

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| **11.** | **Temperature (Oral)**<br><br>Follow the facility's infection control policy and procedures<br><br>Wash hands with soap and water<br><br>Ask the resident if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes.<br><br>Place a sheath on the probe/ If necessary, hold the probe in place<br><br>Leave the probe in place until the instrument beeps / Read the temperature and record accurately as per facility policy.<br><br>Remove the probe sheath from the probe and dispose of properly. Wash hands.<br><br>Follow manufacturer's recommendation for cleaning and storage | |
| **12.** | **Radial Pulse-**<br><br>Follow the facility's infection control policy and procedures<br><br>Relax the resident's arm on the table. The resident's palm should be facing the ceiling and the fingers should be relaxing as well<br><br>Use the first and second fingertips, and place it on the resident's wrist or where the forearm meets the upper arm, press firmly but gentle on the arteries until one can feel a pulse.<br><br>Keep hand on the pulse and begin counting the pulse. Count the second hand on whatever the number that was start from. Count pulse for 60 seconds (or for 15 seconds and multiply by four to calculate beats per minute).<br><br>Document the results as per facility policy when done.<br><br>Wash hands with soap and water | |

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| **13.** | **Respiratory Rate-**<br><br>Follow the facility's infection control policy and procedures<br><br>Tell the resident to sit up straight and relax and breathe.<br><br>As the resident is breathing gently place hands on their upper chest and middle back, then look at the chest as it rises.<br><br>When the chest rises then begin to count to a full minute. Once the counting is finished then record how many times the chest rises and that will be the answer.<br><br>Record respiratory rate accurately<br><br>Wash hands with soap and water | |

## SKILL EVALUATION 17.

## ASSISTANCE with Oxygen via Nasal Cannula

| | Assistance with OXYGEN via NASAL CANNULA | Check List |
|---|---|---|
| 1. | Follow the facility's infection control policy and procedures | |
| 2. | Verify resident's order for oxygen therapy | |
| 3. | Follow the facility policy for identifying the resident and address the resident by name | |
| 4. | Explain the procedure to the resident and ensure nasal cannula tubing is connected to oxygen source | |
| 5. | If the oxygen source is currently off, turn on the machine and note if the liters of oxygen match the resident's order. If the amount of oxygen per liter and the resident's orders do not match, turn off the machine and contact the administrator or facility nurse.<br>If the liters of oxygen and the resident's orders match, you may proceed with step 6 | |
| 6. | Gently insert nasal prongs into resident's nares and loop tubing behind the ears. Ensure oxygen tubing is not too tight over resident's ear or under the resident's chin<br><br>Wash hands with soap and water | |
| 7. | Advise the resident to be careful when rising or changing position while nasal cannula is in place | |
| 8. | Nasal cannula's should be cleaned and stored per manufacture's recommendation.<br>Note: Unlicensed staff may not titrate or adjust oxygen levels | |

## SKILL EVALUATION 18.

## ASSISTANCE with Self-Administration of Medication via a Nebulizer

| | Assistance with Self- Administration of Medication via a NEBULIZER | Check List |
|---|---|---|
| **1.** | Follow the facility's infection control policy and procedures | |
| **2.** | Place the air compressor unit on a surface, where it can safety reach its power source and be easily turned on / off. | |
| **3.** | Wash hands and obtain necessary items (prescribed unit dose medication with label, MOR, gloves. | |
| **4.** | Triple check the medication label with the medication observation record (MOR).<br>Check the MOR, then the medication label, then the MOR before providing the medication to the resident. | |
| **5.** | Follow facility policy for identifying the resident. Address resident by name and ensure resident privacy. | |
| **6.** | Explain the procedure. Read the medication label to the resident and confirm understanding. Ask the resident to sit up upright when possible.<br><br>Put on gloves. | |
| **7.** | Always use a clean nebulizer delivery system for each use.<br><br>Open the prescribed, unit dose prefilled vial/container of medication solution and pour the solution into the nebulizer jar and tighten the lid. | |
| **8.** | Connect the air tubing from the air compressor unit to the nebulizer jar. Make sure all connections are tight and secure. | |

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| **9.** | Attach the face mask/ mouthpiece to the nebulizer unit.<br><br>Turn the air compressor on and observe the nebulizer for misting. | |
| **10.** | Hand the nebulizer mask to the resident and assist the resident to place on their face, making sure that the nose and mouth are covered. The mask may be secured to the resident's head with the elastic band.<br><br>If a mouthpiece is being used, instruct the resident to place the mouthpiece between the teeth and close lips around mouth piece. | |
| **11.** | The resident's head should remain upright, and maintain the nebulizer jar upright, this will allow for proper administration of the medication. | |
| **12.** | Instruct the resident to take slow normal breaths throughout the treatment. | |
| **13.** | Instruct the resident to occasionally tap the outside of the nebulizer jar, this helps with the utilization of all medication. | |
| **14.** | Inform the resident to continue with the treatment until an onset of sputtering sound or inconsistent nebulization coming from the nebulizer. | |
| **15.** | Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered. | |
| **16.** | Remove and dispose of gloves. Wash hands thoroughly. | |
| **17.** | Monitor for side effects or adverse effects. If dizziness or jitteriness occurs, stop the treatment and have the resident rest for about 5 minutes. Continue the treatment, and instruct the resident to breathe more slowly.<br>If dizziness or jitteriness continues to be a problem, inform the administrator or facility nurse and obtain further instruction. | |

## SKILL EVALUATION 19.

## ASSISTANCE with Insulin pens

| | Assistance with INSULIN PENS | Check List |
|---|---|---|
| **1.** | Follow the facility's infection control policy and procedures | |
| **2.** | Wash hands with soap and water | |
| **3.** | Assemble necessary items (prescribed unit dose medication with label (insulin pen), MOR, gloves and alcohol wipe/s).<br><br>Check expiration date of medication when getting drug/ verify date when insulin pen was opened. | |
| **4.** | Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.<br><br>Follow the specific dosage instructions exactly as written by the health care provider. | |
| **5.** | Follow the facility policy for identifying the resident. Address resident by name and ensure resident privacy. Assist the resident to a comfortable location. | |
| **6.** | Explain the procedure. Read the medication label to the resident and confirm understanding.<br><br>Put on gloves. | |
| **7.** | **Never inject cold insulin**.<br>If using a new pen, wait until the pen warms up to room temperature before the resident injects the insulin. | |

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| **8.** | Take the pen cap off, open a new needle and attach the needle to the top of the pen | |
| **9.** | **Pens require manual "priming" before injecting the insulin.** Prime the pen by dialing 2 units, holding the pen with needle pointing upright, tap the reservoir gently to remove any air bubbles.<br><br>Press the button at the bottom of the pen as far as it will go in, until you see a drop of insulin. | |
| **10.** | Dial the prescribed dose using the dial or dosage knob at the base of the pen.<br>Double check the dose before injecting. | |
| **11.** | Instruct the resident to provide access/ lift clothing to allow for easy access to planned injection site.<br><br>Ask the resident about the prior injection sites, rotate injection sites.<br>Do not allow the resident to inject near joints, groin area, navel, and the middle of abdomen or near scars. | |
| **12.** | Using an alcohol wipe, clean the injection site thoroughly. Allow alcohol to dry prior to injection of insulin. | |
| **13.** | Hand the insulin pen to the resident for self- injection.<br><br>Observe the resident for proper insertion of the needle into the skin, at a 90-degree angle. Observe the resident to hold the pen to the skin and inject the insulin by pressing the push button all the way in.<br><br>Most manufacturers recommend that the needle be left in the skin for at least 10 seconds after injecting the insulin, this allows for the full dose of insulin to be administered.<br><br>Instruct the resident to release the button and quickly remove the needle from the skin. | |
| **14.** | Do not allow the resident to rub the injection site.<br>Bleeding may or may not occur after the injection. If there is bleeding, apply light pressure with the alcohol wipe.<br>Cover the injection site with a bandage, if necessary. | |

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| **15.** | After the insulin injection, remove the needle from the tip of the insulin pen and reattach the protective cap on the insulin pen.<br>Dispose of the used needle immediately in a hard sided red biohazard waste container.<br>Never attempt to recap the used needle. | |
| **16.** | Return the insulin pen to a safe secure location.<br><br>Remove and dispose of soiled gloves.<br>Wash hands after glove use. | |
| **17.** | Record assistance with self- administration on the MOR.<br>Document any refusal or other reason the medication was not administered as ordered. Immediately notify the Administrator or nurse if the prescribed dose is not administered | |