

Instructions for use and completion of

The Proxy Caregiver Resident Specific Medication Administration Skills Competency Checklist

PURPOSE: To ensure documentation by a licensed healthcare professional (LHP) that reflects a testing of the knowledge and observation of skills associated with the completion of all the discrete tasks necessary to do specific health maintenance activities that are authorized by the Written Plan of Care in accordance with accepted standards of care.

A LHP includes a Registered Nurse, Nurse Practitioner, Physician's Assistant, Physician, or Pharmacist who are functioning within their scopes of licensed practice. NOTE: LPNs are not approved to train Proxy Caregivers.

WHEN/HOW TO USE:

The Proxy Caregiver Resident Specific Medication Administration Skills Competency Checklist and Signature Page is completed and signed by the licensed healthcare professional (LHP) responsible for completing the training and evaluation of skills competency checklists as required by Chapter 111-8-100 Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities.

1. Document all required information at the top of the Checklist/Signature Page to include Facility Name, Resident Name, and **Initial Training Date**. The **Initial Training Date** is the **first date** this revised and required Skills Checklist is used in the facility to document either **initial training for a new Resident** requiring medication administration or **annual training for a previously admitted Resident** receiving Proxy Caregiver services for medication administration.
2. The LHP completes pages 1, 2, and 3 of this skills competency checklist for an individual Resident who requires medication administration at the time of the initial training as described above.
3. Pages 1, 2 and 3 of the **Proxy Caregiver Resident Specific Medication Administration Skills Competency Checklist** is completed only **ONCE** for **EACH Resident** who requires the Health Maintenance Activity (HMA) of medication administration **at the time of initial training**.
Note: Complete this updated Checklist for any previously admitted Resident the next time annual training is due for any previously hired and trained existing Proxy Caregiver.
4. The knowledge and skills on pages 1, 2, and 3 of this skills competency checklist form must be evaluated and reviewed by the LHP for *each* Proxy Caregiver regarding *each specific* Resident receiving medication administration **at least annually**. **This training and evaluation must be documented on the Signature Page for the Proxy Caregiver Resident Specific Medication Administration Skills Competency Checklist.**
5. The **Signature Page** for Proxy Caregiver Resident Specific Medication Administration Skills Competency Checklist must be attached to the checklist. The **Signature Page** is completed/updated **every time** a LHP trains/evaluates an unlicensed Proxy Caregiver regarding the Resident Specific Medication Administration Skills Competency Checklist. The **Signature Page** is signed by both the LHP and the unlicensed Proxy Caregiver **every time** training, evaluation or review is completed.
6. **Directions for Completing the Signature Page:**
 - In the first column, write the date the LHP completed the training/evaluation of the Proxy Caregiver.
 - In the second column, document the type of training/evaluation i.e. specify initial, annual, changes, post hospital, post rehab or other.
 - In the third column, document the Proxy Caregiver Signature. Note: The name must be printed and signed.
 - In the fourth column, document the license number of the LHP who completed the training/evaluation.
 - In the fifth column, document the LHP signature. Note: The name must be printed and signed.

Proxy Caregiver *Resident Specific* Medication Administration Skills Competency Checklist

Facility Name: _____

Resident Name: _____

Initial Training Date: _____

The unlicensed Proxy Caregiver (PCG) must (*without prompting or error*) demonstrate the following skills or tasks in accordance with the guidelines listed on this Skills Competency Checklist with 100% accuracy to a licensed healthcare professional (LHP) including a Registered Nurse, Nurse Practitioner, Physician’s Assistant, or Physician.

Competency validation by the Georgia licensed healthcare professional is in accordance with their occupational licensing laws.

NOTE: LPNs are not allowed to train Proxy Caregivers

Skills/Tasks	Licensed Healthcare Professional Initials:
A. Verbalizes facility policies and procedures on how the facility handles medications	
B. Verbalizes Prohibited Activities listed in 111-8-100-.05 (5) (a-h) in the Rules and Regulations for Proxy Caregivers Used in Licensed Healthcare Facilities	
C. Verbalizes how to utilize the Written Plan of Care to provide medication administration	
D. Verbalizes procedure to use when new duties are added to the Written POC for which the Proxy Caregiver has not been previously trained i.e. communication with a LHP and the appropriate forms to complete	
E. Completes Test of Functional Literacy for Adults (TOFHLA) with minimum score of 75 AND retains a copy of the test on file.	
A. Describes protocol at this facility in relation to re-admission medication orders after hospitalization and rehab admissions i.e. who to notify and how to verify medication changes from pre-hospital/rehab medications	
B. Describes/demonstrates the process at this facility for ordering new medications AND obtaining medication refills for new and existing residents	
C. Describes/demonstrates protocol at this facility for receiving medications from the pharmacy and/or families etc.	
<i>Utilizes excellent hand washing technique and demonstrates understanding of infection control measures during <u>entire</u> medication administration process</i>	
Demonstrates how to assess:	
A. Blood Pressures (States understanding of systolic/diastolic blood pressure)	
B. Temperature (Oral and Axillary including reasons to use axillary vs. oral)	
C. Pulse	
D. Respirations	
E. Finger stick Glucose Monitoring including verbalizing/demonstrating specialized infection control measures associated with equipment used for finger sticks, glucose meters, insulin pens/vials, and sharps container	
F. Documents results of vital signs, blood sugars etc. on facility designated form	
1. Verbalizes appropriate storage requirements for all medications and assures medication room, cart, cabinet etc. is locked when not in use	
2. Demonstrates infection control measures to sanitize storage and medication preparation areas	
3. Stores all controlled substances appropriately, ensures controlled substances are counted and amounts documented routinely, and all doses given are documented appropriately on the Medication Administration Record (MAR)	
4. Removes and Discards discontinued or expired medications per facility protocol	

Proxy Caregiver Resident Specific Medication Administration Skills Competency Checklist

Facility Name: _____

Resident Name: _____

Initial Training Date: _____

Skills/Tasks	Licensed Healthcare Professional Initials:
1. Gathers necessary supplies	
2. Checks and verifies signed medication orders; clarifies any questions or concerns with a licensed health care professional (LHP) prior to administering medications	
3. Uses the Medication Administration Record (MAR) as the guide to gather medications. <i>Does NOT pull medications then check against the MAR</i>	
4. Uses the Six Rights and 3 Check Method along with the MAR and:	
A. Identifies the right resident	
B. Identifies the right medication by verifying that the name of the medication on the container and/or label matches the signed order and the MAR	
C. Verifies the dose on the medication label matches the signed order and the MAR	
D. Identifies and verifies the right time	
E. Verifies the right route for the medication as identified on the signed order and the MAR	
F. Gathers medications for only ONE resident at a time	
G. Checks the expiration dates of the medications	
H. Utilizes good infection control techniques while preparing medications for administration	
1. Ensures resident safety by performing all special directions or monitoring as specified on the orders/MAR i.e. crush meds, thickened liquids, dilute with liquids, check vital signs/blood glucose and alters dose accordingly, shake suspensions, etc.	
A. Verbalizes/demonstrates understanding of ordered parameters i.e. hold for systolic BP below 110 or heart rate below 60	
2. Utilizes the MAR and medication labels on the gathered medications to check the Six Rights for each medication:	
A. Ensures the right resident receives the right dose of the right medication at the right time and via the right route .	
B. Stays with the resident until all the medications are taken. NEVER leaves medications unattended or unlocked	
C. Offers/encourages sufficient fluids with medications	
D. Gives respect to and provides privacy for the resident during medication administration	
E. Verbalizes what to do and who to notify if medications are refused	
F. Disposes of refused or contaminated medications properly	
G. Replaces multi-dose containers properly under lock and key	
3. Verbalizes methods to assess resident's condition and reactions to medicines	
4. Verbalizes what to do and who to notify when a change of condition, adverse reaction, or allergic reaction to a medication is observed	

Proxy Caregiver *Resident Specific* Medication Administration Skills Competency Checklist

Facility Name: _____

Resident Name: _____

Initial Training Date: _____

Skills/Tasks	Licensed Healthcare Professional Initials:
1. Initials appropriate cells on the MAR immediately after administering medications AND reviews Six Rights again for each medication administered	
2. Provides a signature on the MAR identifying their initials	
3. Documents appropriately medications that were refused, held or not provided and reasons why	
4. Documents administering PRN medicines, including name/dosage, reason and whether effective/ineffective (Notifies appropriate person if not effective)	
5. Documents in resident file any concerns or changes of condition including actions taken and who was notified	
6. Reviews MAR documentation for accuracy to ensure the Sixth Right	
1. Oral tablets/capsules	
2. Oral Liquids	
3. Sublingual / Buccal	
4. Inhalers	
5. Nebulizer treatments	
6. Eye drops	
7. Eye Ointments	
8. Ear drops	
9. Nose drops	
10. Nasal Sprays	
11. Transdermal Patches	
12. Topical creams/Ointments	
13. Suppositories/Creams Rectal	
14. Suppositories/Creams Vaginal	
15. Subcutaneous Injection	
1. Lists/recognizes components of a complete medication order and all information required on a complete pharmacy label	
2. Spells out abbreviations appropriately on the MAR	
3. Calculates start/stop dates appropriately and transcribes correctly on MAR	
4. Transcribes PRN orders correctly onto MAR	
5. Copies new medication orders completely and legibly on the MAR and/or checks computer data against written medication orders	
6. Discontinues medications correctly on the MAR	
7. Transcribes changes in medication doses correctly on the MAR	

NOTES/OTHER COMMENTS:

Signature of Licensed Healthcare Professional Completing Initial Training: _____

License Number of LHP Completing Training: _____

Date of Initial Training: _____

