

Preparation for 1:1 Skills Performance Evaluation Process (minimum of 3 hours)

The 1:1 Skills Evaluation is designed to validate the level of understanding to properly, safely, and accurately perform the skills required to function as a Medication Aide. It is recommended that the student complete all of the online/didactic training prior to attempting the 1:1 Skills Evaluation. If the student successfully passes the Avera Education & Staffing Solutions 20-hour Medication Aide Training Program, then the student will complete a second 1:1 Skills Competency Evaluation with their employer. If the employer is a nursing home, assisted living facility or hospital, the student must also take and pass the South Dakota Board of Nursing computer Registry Exam for med aides prior to working as a medication aide. The employer should also provide specific facility/employer-based initial and ongoing training at that facility – including Medication Administration. The RN may determine that additional training is needed, including retaking a full 20-hour Medication Aide Training Program. An RN, at a minimum, must re-validate competency of the Medication Aide annually. If the employer or work setting is not a nursing home, assisted living facility, or hospital, you will not be required to take the registry exam. Consult your employer and/or the South Dakota Board of Nursing with questions. **Provide your employer with a copy of your Avera Education & Staffing Solutions Medication Aide Training Program completion certificate.**

Use of the AESS curriculum study guides (available within the Med Aide Training Program and are printable) may assist you to study to successfully pass the Unit & Final Exams, and the 1:1 Skills Evaluation.

A copy of the ‘Medication Administration Record/MAR for Frank Ford’ (attached) will be utilized as a tool during the 1:1 Skills Evaluation. This MAR will be used to simulate medication administration to a ‘mock’ resident. Be prepared to administer medications based on this MAR. Some, but not all, MAR entries and documentation are incorrect. The student should be able to recognize errors on the MAR, to notify the Nurse of the discrepancy, and how to document that the student notified the Nurse.

During this simulation, the student is expected to know and/or perform simulation on:

- 6 Rights to Medication Administration
- Who do you ask questions of and report concerns to, i.e. who is your supervisor?
- Other than your nurse, what other resources could you check or use if you have questions about a medication?
- What is confidentiality and privacy and why and when is it important?
- Prior to administering medications, how important is it to explain the procedure to the resident, and why?
- When and how to wash hands versus use of hand hygiene, and use of disposable gloves
- Common abbreviations of MAR, QD, BID, TID, QID, QOD, AC, PC, PRN, STAT
- When and how many checks of a label against a MAR, prior to administering a medication

- Reading MAR and labels, checking for allergies, and expiration dates of medication supply provided
- Common terms such as (not all inclusive) Ophthalmic, Optic, Otic, Topical, Sublingual, Buccal
- How to accurately pour a teaspoon (Tsp) of liquid medication versus a tablespoon of (TBSP) of liquid medication versus an ounce of medication – including how many milliliters of each level
- Steps to administer and then document all routes of medications (approved by State of South Dakota regulations/South Dakota Board of Nursing by Medication Aides to administer) to include proper physical positioning (supine, prone, Fowlers, side-lying, Left Sims, Lithotomy for each: oral, sublingual, buccal, eye drops, eye ointment, ear drops, nasal drops, nasal sprays, inhaled and nebulized medications, topical medications including patches, vaginal, rectal

The instructor will utilize the form, 'Unlicensed Medication Aide Skills Performance Evaluation' (attached) to document the evaluation of the student's knowledge of properly administering each route of medication the student is allowed to administer in the state of South Dakota.

If the student does not show competence, the 1:1 Skills Performance Evaluation may be repeated once. If the retake is unsuccessful, the student must restart the program as a new student (beginning at Text Chapter 1 and Online Chapter 1), submitting a new program payment to AESS.

NOTE: the RN Instructor completing the 1:1 Skills Performance Evaluation subjectively makes the final determination of whether the student has successfully completed the 1:1 Skills Performance Evaluation.



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201 | Sioux Falls, SD 57106-3115
605-362-2760 | <https://doh.sd.gov/boards/nursing/>

Medication Administration Clinical Skills Checklist

An RN must complete this checklist for each student during the 4-hour clinical or skills lab portion of a medication administration training program. This checklist may be used by the RN/LPN to evaluate annual competency of the medication aide. *Instructor to student/medication aide ratio must be 1:1.*

PRIOR TO MEDICATION ADMINISTRATION, THE STUDENT OR MEDICATION AIDE:

<input type="checkbox"/>	Checked the medication administration record (MAR) and reviewed for completeness, accuracy, known allergies
<input type="checkbox"/>	Checked medication resources and references as needed
<input type="checkbox"/>	Clarified questions with the nurse
<input type="checkbox"/>	Washed hands
<input type="checkbox"/>	Collected needed items (e.g. med cup, water, straw)

DURING MEDICATION ADMINISTRATION, THE STUDENT OR MEDICATION AIDE:

<input type="checkbox"/>	Selected the right medication (e.g. from patient's med drawer)									
<input type="checkbox"/>	Completed the "Rights" of medication administration including right drug, dose, route, time, and patient									
<input type="checkbox"/>	Checked the expiration date of medication									
<input type="checkbox"/>	Prepared medication correctly (e.g. poured correct amount)									
<input type="checkbox"/>	Identified patient according to agency policy (e.g. checked patient ID bracelet against MAR, called resident by name, or used bar code scanner)									
<input type="checkbox"/>	Provided privacy as appropriate									
<input type="checkbox"/>	Explained medication procedure to patient									
<input type="checkbox"/>	Obtained & documented required measurements (e.g. blood pressure, pulse)									
<input type="checkbox"/>	Positioned patient appropriately to administer drug									
<i>Verify competency for each route a nurse will be delegating to the Medication Aide. If a route was not demonstrated and is later required, an instructor may provide education and validate competency at a later time for that route.</i>										
<input type="checkbox"/>	Administered medication appropriately and safely for the following routes:									
<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/> Ear</td> <td><input type="checkbox"/> Nose</td> <td><input type="checkbox"/> Sublingual</td> </tr> <tr> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Oral</td> <td><input type="checkbox"/> Topical</td> </tr> <tr> <td><input type="checkbox"/> Inhaled</td> <td><input type="checkbox"/> Rectal</td> <td><input type="checkbox"/> Vaginal</td> </tr> </table>	<input type="checkbox"/> Ear	<input type="checkbox"/> Nose	<input type="checkbox"/> Sublingual	<input type="checkbox"/> Eye	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhaled	<input type="checkbox"/> Rectal	<input type="checkbox"/> Vaginal
<input type="checkbox"/> Ear	<input type="checkbox"/> Nose	<input type="checkbox"/> Sublingual								
<input type="checkbox"/> Eye	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical								
<input type="checkbox"/> Inhaled	<input type="checkbox"/> Rectal	<input type="checkbox"/> Vaginal								

FOLLOWING MEDICATION ADMINISTRATION, THE STUDENT OR MEDICATION AIDE:

<input type="checkbox"/>	Used appropriate infection control procedures according to agency policy (e.g. discarded med cup appropriately, washed hands)
<input type="checkbox"/>	Handled patient carefully and respectfully
<input type="checkbox"/>	Recorded the right documentation on the MAR according to agency policy
<input type="checkbox"/>	Reported and recorded patient observations/concerns

Nurse Instructor Name: _____ Date: _____

Student or Medication Aide Name: _____ Date: _____

Training Program Name or Employer Name: _____

Avera Education Staffing Hospital and Home
 1000 W 4th St, Suite 9
 Yankton, SD 57078

	ROUTINE MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
ORDER DATE																																			
	Senokot 2 PO at bedtime	8PM	GM	GM	GM	GM	JC	JC	GM	GM	GM	JC	GM	GM	JC	GM	GM	GM	GM	JC	GM	GM	AB	GM		JC	GM	GM	AB						
ORDER DATE																																			
	Coumadin 2mg PO one on Sun-M-W-F	8AM	/	DR	DR	/	DR	/	DR	/	/	FA	/	DR	/	FA	/	DR	DR	/	DR	/	/	/	/	FA	/	FA	/	DR	/				
ORDER DATE																																			
	Coumadin 4mg PO one on T-Th-Sat	8PM	GM	/	/	GM	/	JC	/	GM	GM	/	GM	GM	JC	/	GM	/	/	JC	/	GM	AB	GM	GM	/	GM	GM	AB						
ORDER DATE																																			
	Ducolox Suppository one per rectum PRN constipation	8PM																GM																	
ORDER DATE																																			
	Tums Tablets chew one at bedtime	8PM	GM	GM	GM	GM	JC	JC	GM	GM	GM	JC	GM	GM	JC	GM	GM	GM	GM	JC	GM	GM	AB	GM	GM	JC	GM	GM	AB	GM					
ORDER DATE																																			
	Miacalcin Nasal spray 1 spray every day alternate nostril R even L odd	8PM	GM	GM	GM	GM	JC	JC	GM	GM	GM	JC	GM	GM	JC	GM	GM	GM	GM	JC	GM	GM	AB	GM	GM	JC	GM	GM	AB						
		NARE	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R					
ORDER DATE																																			
	Lorazepam 1mg PO every 6 hrs. PRN nervousness																																		
ORDER DATE																																			
	Robitussin syrup 1 TBSP. PO at bedtime	8PM	GM	GM	GM	GM	JC	JC	GM	GM	GM	JC	GM	GM	JC	GM	GM	GM	GM	JC	GM	GM	AB	GM	GM	JC	GM	GM	AB						
	ROUTINE MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

DOCTOR

DIET Pureed with thickened slurry liquids

ALLERGIES Fosamax

DIAGNOSIS

RESIDENT'S NAME

Frank Ford

Avera Education Staffing Solutions Hospital and Home
 1000 W. 4th St
 Yankton, SD 57878

ROUTINE MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
ORDER DATE																																					
	Tobradex Opth. gtts one drop each eye daily	9AM	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	DR			
ORDER DATE																																					
	Tylenol 325mg PO ii tabs every 4 hours PRN pain or Temp. > 101	PRN																																			
ORDER DATE																																					
	Atrovent Inhaler 2 puffs at HS with spacer	8PM	GM	GM	GM	GM	JC	JC	GM	GM	GM	JC	GM	GM	JC	GM	GM	GM	GM	JC	GM	GM	AB	GM	GM	JC	GM	GM	AB								
ORDER DATE																																					
	Elavil 30mg PO one every bedtime	12N	FA	DR	DR	FA																															
ORDER DATE																																					
	Bacitracin eye ointment Right eye daily	9A	FA	DR	DR	FA	DR	FA	DR	FA	FA	FA	FA	DR	FA	FA	FA	DR	DR	FA	DR	FA	FA	FA	FA	FA	FA	DR	FA	DR	DR						
ORDER DATE																																					
	Metamucil packet 1 PO twice daily with 8oz of water	8AM	FA	DR	DR	FA	DR	FA	DR	FA	FA	FA	FA	DR	FA	FA	FA	DR	DR	FA	DR	FA	FA	FA	FA	FA	FA	DR	FA	DR	DR						
ORDER DATE																																					
	Elavil 60mg PO 2 tabs every bedtime	8PM					JC	JC	GM																												
ORDER DATE																																					
	Elavil 30mg PO 2 tabs every bedtime	8PM	/	/	/	/	/	/	/	GM	GM	GM	JC	GM	JC	GM	GM	GM	GM	JC	GM	GM	AB	GM	GM	JC	GM	GM	AB								
ORDER DATE																																					
	ROUTINE MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

DOCTOR

DIET Pureed with thickened slurry liquids
 ALLERGIES
 DIAGNOSIS

RESIDENT'S NAME **Frank Ford**

Type	Duration	Intensity	Alternatives
1- Burning	1- Constant	# or	1- Repositioning
2- Dull	2- Intermittant	Mild (1-3)	2- Backrun
3- Pressure		Moderate (4-6)	3- Slinting Extremity/Incision
4- Heavy		Severe 7-10	4- Application of ice
5- Sharp			5- Application of heat
6- Cramping			6- Diversion (music/tapes)
7- Radiating			7- Other (please indicate)

Date	Time	Site of Pain or Reason	Type	Duration	Intension	Medication & Route/Alternatives	Initials	Time	Intensity/Response	Initials
1/8/2023	1630	Chest pain midchest; 68-24-142/82; GMaagRN notified - "Give Nitro 0.4mg SL"-----	4	1	7	Nirto 0.4mg SL-----	GM	1635	Chestpain midchest continues 4, 3/1/5; 66-22-136/78-----	GM
			1	1	1		--	--		--
1/8/2023	1638	GMaagRN notified - "Give Nitro 0.4mg SL now"	1	1	1	Nirto 0.4mg SL-----	GM	1644	Chestpain midchest continues 2, 3/1/3	GM
1/8/2023	1646	66-20-130/72; GMaagRN notified- Give Nitro 0.4mg SL now"-----	1	1	1	Nirto 0.4mg SL-----	GM	1652	Denies chest pain 0/0/0; GMaagRN notified; 62-16-130/70-----	GM
			1	1	1		--	--		--
1/15/2023	2040	No BM x4 days-----	NA	NA	NA	Dulcolax Supp. 1per rectum per GmaagRN	GM	2205	Large Brown BM-----	GM
1/27/2023	0915	Lt Shoulder pain; incision red-----	2	1	7	Demerol 50mg PO; 1, 3, 4 -----	AB	1020	Lt Shoulder pain 2/2/2; Alternatives: 1, 3, 4	GM
1/28/2023	2013	G. MaagRN notified- Coumadin discrepancy	NA	NA	NA	Give Coumadin 2mg per GMaagRN	LK	--		--
1/28/2023	2017	Give 1 Tums tablet per Gmaag RN-----	NA	NA	NA		LK	--		--
1/28/2023	2020	G. MaagRN notified - Miacalcin discrepancy	NA	NA	NA		LK	--		--
1/28/2023	2024	G. MaagRN notified; requested to record time of PRN PO Lorazepam.	--	--	--		LK	--		--
			--	--	--		--	--		--
1/7/2023	0800	Lanoxin not given - GMaagRN notified	--	--	--		LK	--		--
1/8/2023	0800	Lanoxin not given - GMaagRN notified	--	--	--		LK	--		--
1/9/2023	0800	Lanoxin not given - GMaagRN notified	--	--	--		LK	--		--

Name **Frank Ford**

Medication/Dosage **Demerol 50 mg**

Administered BY	Date	Time	Amt on Hand	Amt Rec'd	Amt Given	Amt Remain
<i>GMaag, RN</i>	1/22/2023	2020	30	0	1	29
<i>GMaag, RN</i>	1/23/2023	2005	29	0	1	28
<i>Jen Crass, UAP</i>	1/24/2023	2030	28	0	1	27
<i>GMaag, RN</i>	1/25/2023	2015	27	0	1	26
<i>GMaag, RN</i>	1/26/2023	2014	26	0	1	25
<i>April Brown, UAP</i>	1/27/2023	2028	25	0	1	24