

**SELF-ADMINISTRATION OF MEDICATION**  
**Resident Competency**  
**Oral Medications**

Resident \_\_\_\_\_

*Drug Name*

(+) = YES  
 (-) = NO  
 N/A = NOT APPLICABLE

**OBSERVE**

Removes medications from secured location												
Knows correct time to take medications												
Recognizes medications												
Able to define usage of medications												
Washes hands prior to administration												
Correctly removes medications from packaging												
Correctly prepares medication for administration												
Measures dose correctly												
Follows appropriate infection control technique												
Disposes of medication in secure receptacle or flushes												
Consumes adequate fluids												
Stores medication in a secure location												
Observes any special storage requirements												

\_\_\_\_\_  
**Signature of Observer**

\_\_\_\_\_  
**Date**

**SELF-ADMINISTRATION OF MEDICATION**  
**Resident Competency**  
**Ophthalmic Medication**

Resident \_\_\_\_\_

Date \_\_\_\_\_

- (+) = YES
- (-) = NO
- N/A = NOT APPLICABLE

*Drug Name*

**OBSERVE**

Stores medications in secured location					
Knows correct time to administer drops					
Able to define need for eye drops					
Washes hands prior to administration					
Correctly removes medications from packaging					
Correctly reads directions					
Positions head correctly					
Pulls lower lid down gently to expose the conjunctiva.					
Instills prescribed number of drops inside the lower lid					
Follows appropriate infection control technique					
Blots excess medication from eye					
Waits <b>5 minutes</b> between administering multiple eye drops					
For ophthalmic ointment, squeezes medication along the border of the lower lid, starting at the inner edge.					
Washes hands after administration					
Stores medication in an appropriate, secure location					

\_\_\_\_\_  
**Signature of Observer**

\_\_\_\_\_  
**Date**

**SELF-ADMINISTRATION OF MEDICATION**  
**Resident Competency**  
**Metered Dose Inhalers Medication**

Resident \_\_\_\_\_

*Drug Name*

(+) = YES  
 (-) = NO  
 N/A = NOT APPLICABLE

**OBSERVE**

Stores medications in secured location				
Knows correct time to take medications				
Recognizes medications				
Able to define usage of medications				
Washes hands prior to administration				
Correctly removes medications from packaging				
Correctly reads directions				
Shakes inhaler prior administration				
Tilts head back slightly and breathes out				
Positions inhaler in one of the following: ___ Open mouth with inhaler 1-2inches away ___ Use a spacer between inhaler and mouth ___ Place inhaler in mouth				
Presses down on inhaler and breathes in slowly for 3-5 seconds				
Holds breath for 10 seconds				
Waits <b>one minute</b> between puffs				
Allows <b>5 minutes</b> after each inhaler before using the next one.				
Rinses spacer and dries				
Returns medication to secure location				

\_\_\_\_\_  
**Signature of Observer**

\_\_\_\_\_  
**Date**

**SELF-ADMINISTRATION OF MEDICATION**  
**Resident Competency**  
**Injectable Medication**

Resident \_\_\_\_\_

(+) = YES  
 (-) = NO  
 N/A = NOT APPLICABLE

*Drug Name*

<b>OBSERVE</b>					
Stores medications in secured location					
Knows correct time to take medications					
Recognizes medications					
Able to define usage of medications					
Washes hands prior to administration					
Correctly removes medications from packaging					
Correctly removes syringe from packaging					
Correctly prepares medication for injection					
Measures dose correctly					
Follows appropriate infection control technique					
Selects appropriate injection site					
Correctly prepares site for injection.					
Rotates injection sites					
Safely discards syringe and alcohol wipe					
Returns medication and supplies to secure location					

\_\_\_\_\_  
**Signature of Observer**

\_\_\_\_\_  
**Date**

**SELF-ADMINISTRATION OF MEDICATION  
Resident Competency  
Recognition of Medication**

Resident \_\_\_\_\_

Date \_\_\_\_\_

- (+) = YES
- (-) = NO
- N/A = NOT APPLICABLE

*Drug Name*

<b>OBSERVE</b>				
Knows the name of prescribed medication.				
Relates why the medication is prescribed.				
Is able to read the prescription instructions.				
Knows the time the medication is to be taken.				
Knows the dosage of medication.				
Is aware of any special instructions for the medication such as taken with meals, before meals, after meals, foods to avoid.				
Can describe at least 2 side effects to be aware of.				
Understands the need to report any adverse effects				
Aware of any special administration guidelines such as do not crush, refrigeration, or mixing instructions.				
Has the ability to open the medication package				
Is capable of removing the medication from the package.				

\_\_\_\_\_  
Signature of Observer

\_\_\_\_\_  
Date

**SELF-ADMINISTRATION OF MEDICATION  
Resident Competency  
Filling Weekly Medication Reminder System**

Resident \_\_\_\_\_

(+) = YES  
 (-) = NO  
 N/A = NOT APPLICABLE

*Drug Name*

<b>OBSERVE</b>					
Knows the names of prescribed medications to be placed in the Reminder					
Places medication containers in orderly fashion on a clean surface in preparation to fill Reminder system.					
Is able to read the prescription instructions.					
Knows the time the medication is to be taken.					
Knows the dosage of medication.					
Is aware of any special instructions for the medication such as taken with meals, before meals, after meals, foods to avoid.					
Washes hands prior to filling Reminder system					
Distributes medications into weekly Reminder according to prescription directions.					
Stores Weekly Reminder in safe, secure area.					
Washes hands upon completion of task					

\_\_\_\_\_  
Signature of Observer

\_\_\_\_\_  
Date