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| **HIGH POINTE HOUSE MEDICATION PASS** | | | | | |
| **#** | **AREA** | **YES** | **NO** | **STAFF RESPONSE** | **COMMENTS** |
| 1 | Aseptic technique and proper hand washing procedures will be followed prior to medication preparation & administration |  |  |  |  |
| 2 | Nursing staff will administer medications only from labeled  Containers. Prior to administration, the nurse will check the label to verify the patient’s name, medication name, fill date, dose, frequency, expiration date, doctor’s name, and orders for administration. |  |  |  |  |
| 3 | Verify the medication is correct by confirming with MD order |  |  |  |  |
| 4 | If a medication has special storage requirements, the nurse will verify proper storage of medication prior t administration |  |  |  |  |
| 5 | Correctly identify the medication from the medication drawer and not how prepared: pills, prefilled syringe, liquid. Check prefilled syringe for amount of medication per ml. Determine amount to be administered. |  |  |  |  |
| 6 | Products will be inspected for particles, cloudiness, discoloration, deterioration, or other visual contamination prior to patient administration. |  |  |  |  |
| 7 | Prior to the administration of any medication, the medicating staff member will identify the patient using two patient identifiers. |  |  |  |  |
| 8 | Review purpose and contraindications for administration of the medication |  |  |  |  |
| 9 | Verify the medication if being administered at the correct time, in the prescribed dose, and in the correct route. |  |  |  |  |
| 10 | Advise the patient/caregiver of routine side effects and potentially significant adverse reactions. |  |  |  |  |
| 11 | Review, at a minimum, the following patient information:   1. Age 2. Sex 3. Current Medications 4. Diagnoses and co-existing conditions 5. Relevant lab values 6. Allergies and past sensitivities 7. In addition, the patient’s height and weight, and pregnancy and lactation status will be considered when applicable |  |  |  |  |
| 12 | The administration of the medication, including dose and route, will be documented in the EHR and MAR as indicated. |  |  |  |  |

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OBSERVER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STAFF OBSERVED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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