

All DCF Medication Administration Internships should incorporate the following Learning Objectives and meet the minimum criteria listed below.

Learning Objectives

Medication Certification candidates will:

1. verbalize understanding of basic principles of safe medication administration practices according to DCF Guidelines.
2. demonstrate knowledge of their facility's medication administration systems and location of all necessary equipment.
3. demonstrate knowledge of facility specific medication administration policy and procedure.
4. know the definition of "*dispensing*" and who is legally able to dispense medications
5. demonstrate understanding and follow proper procedure – *per CT State Regulations*- for handling of medication for a Home Visit.
6. demonstrate ability to document on Medication Administration Record (facility specific) including, but not limited to: transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication administration.
7. demonstrate proper and safe techniques for administering medication according to the DCF Medication Administration Guidelines.
8. demonstrate knowledge of when and how to contact Chain of Command.
9. demonstrate proper procedure(s) to follow in the event of a medication related emergency at their facility
10. describe proper procedure to follow in the event of a medication error or incident.

Minimum Criteria

1. Orientation to facility policy and procedure for medication administration.
2. Shadowing of an experienced medication certified staff person during actual medication administration. **Minimum of 2 complete medication passes.**
3. Demonstration of administration skills with a licensed nurse – **Checklist B**
4. Supervised medication passes under the direct supervision of nurse or experienced medication certified staff. **Minimum of 2 complete medication passes.**

Awarding of Certificate

Completed Internship Verification Form signed by candidate, facility nurse and facility director and sent to DCF Medication Administration Program

Department of Children and Families
Medication Administration Program
Medication Certification Internship Skills Checklist

Objective 1

Medication Certification candidates will verbalize/demonstrate understanding of basic principles of safe medication administration practices according to DCF guidelines.

	Candidate has demonstrated:	Date Completed	Nurse Initials	Candidates initials
	<ul style="list-style-type: none"> • knowledge of 5 rights 			
	<ul style="list-style-type: none"> • knowledge of 3 documents necessary for medication administration 			
	<ul style="list-style-type: none"> • procedure for checking "5 Rights" and "Rule of 3" 			

Objective 2

Medication Certification candidates will demonstrate knowledge of their facility's medication administration systems and location of all necessary equipment.

	Candidate has demonstrated knowledge of:	Date Completed	Nurse Initials	Candidates Initial
	<ul style="list-style-type: none"> • patient medication storage 			
	<ul style="list-style-type: none"> • internal and external medication 			
	<ul style="list-style-type: none"> • policy and procedure for proper key storage/control 			
	<ul style="list-style-type: none"> • storage of controlled and non-controlled medication 			
	<ul style="list-style-type: none"> • inventory of controlled medication 			
	<ul style="list-style-type: none"> • location of MAR/Kardex and practitioner's orders 			
	<ul style="list-style-type: none"> • location of emergency medications 			

Objective 3

Medication certification candidates will demonstrate knowledge of program specific medication procedure (If applicable).

(May be expanded to meet the facilities specific needs)

Objective 4

Medication certified candidates will demonstrate understanding of term dispensing and follow proper procedure – per CT state regulations- for handling medication for Home Visit

		Date Completed	Nurse Initials	Candidates initials
	Candidate has demonstrated understanding of the facilities specific medication procedure that is within the DCF Medication Administration Guidelines including:			
	<ul style="list-style-type: none"> • Utilizing standing orders 			
	<ul style="list-style-type: none"> • Obtaining medications from the pharmacy 			
	<ul style="list-style-type: none"> • understanding of term "dispensing" 			
	<ul style="list-style-type: none"> • safe handling of medication for: <ol style="list-style-type: none"> 1. admission 2. discharge 3. home visit 	*	*	*

Objective 4

Medication certification candidates will demonstrate ability to document on Medication Administration Record including, (but not limited to), transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication.

	Candidate has demonstrated:	Date completed	Nurse initials	Candidates initials
	<ul style="list-style-type: none">ability to properly transcribe a doctor's order.			
	<ul style="list-style-type: none">ability to document when a medication has been:<ol style="list-style-type: none">administered			
	<ol style="list-style-type: none">refused/held			
	<ol style="list-style-type: none">administered while on pass			
	<ul style="list-style-type: none">ability to determine when a PRN medication was last given and when it can be given again.			
	<ul style="list-style-type: none">ability to document when a PRN has been given including the outcome.			

Objective 5

Medication certification candidates will demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines

		Date completed	Nurse initials	Candidates initials
	Candidate has observed at least 2 complete medication passes with certified staff and/or medication nurse.			
	Candidate has demonstrated ability to safely administer medications under the direct supervision of a licensed nurse according to the DCF Medication Guidelines. <u>Checklist B</u>			
	Candidate has demonstrated understanding of proper procedure for administration of PRN medication including use of PRN Psychotropic Medication			
	Candidate has administered at least 2 medication passes under the direct supervision of an experienced medication certified staff or registered nurse			

Objective 6

Medication certification candidates will demonstrate knowledge of when and how to contact chain of command.

Objective 7

Medication certification candidates will demonstrate proper procedure(s) to follow in the event of an incident and/or emergency situation.

Objective 8

Medication certification candidate will describe procedure to follow in the event of a medication error .

		Date completed	Nurse Initials	Candidate initials
	Candidate can locate Chain of Command information			
	Candidate can demonstrate procedure (s) for contacting chain of command in the event of an incident and/or emergency situation			
	Candidate can describe policy and procedure to be followed in event of a medication error or incident			

Completion of Medication Administration Certification
Internship Verification Form

Name: _____ Facility: _____

The above candidate has successfully completed all components of the medication certification internship at this DCF licensed/operated facility. This internship has included the following:

- Orientation to facility policy and procedure for medication administration.
- Shadowing of an experienced medication certified staff person during actual medication passes. – Minimum of 2 complete medication passes.
- Demonstration of administration skills with a licensed nurse. Checklist B
- Supervised medication administration.- Minimum of 2 medication passes.

A certificate will be issued by the Department of Children and Families upon receipt of this signed and dated form.

- ❖ **CANDIDATE MAY NOT ADMINISTER MEDICATION UNTIL EMPLOYING FACILITY HAS RECEIVED CERTIFICATE.**
- ❖ **CERTIFIED STAFF SHALL NOT DISPENSE MEDICATION UNDER ANY CIRCUMSTANCES.**

Mail form to: DCF Medication Administration Program
505 Hudson Street
Hartford, CT 06106

OR

Fax form to: (860) 560-7066

Candidate's signature: _____ Date: _____

Nurse's signature: _____ Date: _____

Facility Director's signature: _____ Date: _____