



Medicines Management Assessment of Administration Competency Document

Name of Practitioner:

Clinical Area:

Date Completed:

Completed document must be held locally and be available on request for audit or RCA purposes. Final declaration page must be scanned to theeducationcentre@lhch.nhs.uk for inputting into Practitioner's record.



Part One

I have read and understand the following documents:

The Code (NMC 2015)

Signed.....Date.....

Medicines Policy (LHCH)

Signed.....Date.....

Patient's Own Drugs & Self Administration
(Inc. Insulin) Appendix 7 Medicines Policy

Signed.....Date.....

Medicines Administration Procedure

Signed.....Date.....

Safe Management of Controlled Drugs Policy

Signed.....Date.....

Enteral Administration of Medicines and
Nutritional Feeding Policy

Signed.....Date.....

Part Two

Drug Calculations Assessment completed via
e-learning

Signed.....Date.....

Medicines Management Assessment
completed via e-learning

Signed.....Date.....

Have observed CD video via e-learning

Signed.....Date.....

Have observed Medication Administration
video via e-learning

Signed.....Date.....

Insulin administration package completed via
e-learning

Signed.....Date.....

Have observed Medications on Discharge
Video via e-learning

Signed.....Date.....

Have observed Independent Check Video via
e-learning

Signed.....Date.....



Part Three Practical Assessments

Assessment Checklist, for the Administration of Controlled Drugs (CDs)

Actions	Yes	No
1. Aware of patient requiring CD(S) and confirms <ul style="list-style-type: none"> a) CD names/dose/formulation/frequency b) Patient's name c) Any allergies d) Date of administration, current and last e) Time of administration, current and last f) Route / method of administration Duration of medicine / stop date		
2. Patient made aware the CD is to be administered		
3. Independent Checker enlisted		
4. First and Independent Checker take electronic prescription to CD cupboard		
5. RN/ODP and Independent Checker decontaminate hands		
6. RN presents the script to independent checker Independent checker reads the script to confirm: <ul style="list-style-type: none"> a) CD names/dose/formulation/frequency b) Patient's name c) Any allergies d) Date of administration, current and last e) Time of administration, current and last f) Route / method of administration Duration of medicine / stop date		
7. Correct page in CD register is chosen CD identified as correct by reading drug sleeve / bottle label: <ul style="list-style-type: none"> a) Name b) Strength c) Formulation Expiry date of CD is checked		
8. Both staff independently: <ul style="list-style-type: none"> a) count number of individual doses by looking at sleeves / ascertain volume of liquid in bottle b) check number of individual doses / volume of liquid checked against CD register total If no discrepancies, CD dispensed into clean medicine pat / syringe		
9. Ensures correct date, patient's name and new stock total written in CD register		
10. CDs returned to cupboard		



Actions	Yes	No
11. First checker takes CD; Independent Checker takes worklist manager & CD register to patient		
12. RN/ODP reads name and hospital number off patient's name band and ensures simultaneous reading by Independent Checker of patients' name and number from electronic prescription (with CD prescription on)		
13. CDs viewed to have been taken by both staff. CD administered by first checker and witnessed by independent checker		
14. Prescription is signed and dated on EPR		
15. Independent checker witnesses signature on prescription		
16. Both staff ensures CD register is signed and correct time is entered.		

Practical Assessment Competent

Yes No NA

Practitioner: Signed.....Date.....

Assessor: Print Name

Signed.....Date.....



**Assessment Checklist for the Administration of Oral, Topical or Nebulised
(Non-Controlled) Drugs.**

Actions	Yes	No
1. Decontaminates hands		
2. EPR accessed. Using EPR, checks the patient's identity by asking the patient to state their full name and date of birth, and visually checks against wrist band Patient made aware that drugs are to be administered		
3. Checks EPR to ascertain: a) Drug b) Dose c) Date of administration d) Time of administration e) Any allergies f) Frequency of administration g) Route and method of administration h) Duration of medication / stop date i) Time of last dose given		
4. Selects the required medication by checking the label and the box, checks the expiry date		
5. Is able to explain: a) The reason why the drug has been prescribed for that particular patient b) Appropriateness of dose c) Potential significant side-effects d) Action to prevent / reduce side-effects e) Uses electronic formulary appropriately		
6. Empties the required dose into a clean medicine container (avoids touching drug by hand)		
7. Ensures adequate supply of fluid available (if allowed) for oral administration		
8. Observes drugs been taken by patient.		
9. Records on EPR, then logs off		

Practical Assessment Competent

Yes No NA

Practitioner: Signed.....Date.....

Assessor: Print Name

Signed.....Date.....



Assessment Checklist, for the Administration of Injectable Medication (S.C/I.M).

*Nurse Associate non controlled injectable medications only *

Actions	Yes	No
1. Decontaminates hands		
2. EPR accessed. Using EPR, checks the patient's identity by asking the patient to state their full name and date of birth, and visually checks against wrist band Patient made aware that drugs are to be administered		
4. Independent checker enlisted if medication required.		
5. Checks EPR to ascertain: a) Drug b) Dose c) Date of administration d) Time of administration e) Any allergies f) Frequency of administration g) Route and method of administration h) Duration of medication / stop date i) Time of last dose given		
6. Selects the required medication by checking the label and the box, checks the expiry date		
7. Is able to explain: a) The reason why the drug has been prescribed for that particular patient b) Appropriateness of dose c) Potential significant side-effects d) Action to prevent / reduce side-effects Uses electronic formulary appropriately		
8. Selects appropriate drawing up needle and correct sized syringe for amount of medication required		
9. Draws up medication (utilising ANTT) and reconstitutes with diluent as per Medication guidance if required.		
10. Selects appropriate sized needle for administration of Medication as per route (SC / IM)		
11. Confirms name and hospital number of patient verbally, against wrist band and prescription		
12. Administers medication as prescribed ensuring correct technique for route		
13. Records on EPR, then logs off		

Practical Assessment Competent

Yes No NA

Practitioner: Signed.....Date.....

Assessor: Print Name

Signed.....Date.....



Assessment Checklist, for the Administration of Per Rectum / Per Vaginal (PR/PV) Medication

Actions	Yes	No
1. Appropriate decontamination of hands		
2. EPR accessed. Using EPR, checks the patient's identity by asking the patient to state their full name and date of birth, and visually checks against wrist band Patient made aware that drugs are to be administered		
3. Checks EPR to ascertain: a) Drug b) Dose c) Date of administration d) Time of administration e) Any allergies f) Frequency of administration g) Route and method of administration h) Duration of medication / stop date Time of last dose given		
4. Selects the required medication by checking the label and the box, checks the expiry date		
5. Is able to explain: a) The reason why the drug has been prescribed for that particular patient b) Appropriateness of dose c) Potential significant side-effects d) Action to prevent / reduce side-effects Uses electronic formulary appropriately		
9. Ensured any pre procedural medication instructions were followed (i.e. warming of enemas) and any other necessary equipment obtained		
10. Ensured patient was in the correct position for the procedure (i.e. lying on left side with knees flexed for enema/suppositories) ensuring correct use of gloves & aprons whilst ensuring patient's comfort.		
11. Administered medication to patient as prescribed.		
12. Records on EPR, then logs off		

Practical Assessment Competent

Yes No NA

Practitioner: Signed.....Date.....

Assessor: Print Name

Signed.....Date.....



Assessment Checklist for TTOs

Actions	Yes	No
1. Demonstrates competency in mock TTO discharge. Specifically: a) Checks medication against TTO copy (label – patient name, strength & directions), contents of any plain white boxes dispensed by pharmacy match label b) Identifies deliberate medication errors on mock TTO c) Follows discharge drug information algorithm for mock TTO		
2. Demonstrates correct process for checking a TTO copy against current and pending medication on orders tab on EPR (not worklist manager)		
3. Is aware of Appendix 3 of Medicines Administration Procedure ‘Discharge Drug Information Algorithm’		
4. can articulate Discharge Drug Information Algorithm to identify key areas of: a) Confirming doses are correct for any medicines patient is taking BEFORE coming to LHCH on the TTO b) Can explain to the patient what new medicines are for and how to take them c) Can direct the patient to the Trust Drug Information Leaflet (where available) d) Demonstrates teach back technique e) Confirms with the patient if there are any of their usual medicines missing from TTO f) Can signpost patient appropriately if they have any queries		

Practical Assessment Competent

Yes No NA

Practitioner: Signed.....Date.....

Assessor: Print Name

Signed.....Date.....



Sign-Of Sheet to be scanned and emailed to the.educationcentre@lhch.nhs.uk

Medicines Management Competency Assessments

I have been successfully assessed as competent in all relevant Medicine Management Competency Assessment

All relevant Medicines Management ELearning modules have been successfully completed

I am aware of my professional responsibility for ensuring I am up to date with medicines management policy and training updates.

A complete copy of my Competency Assessment Forms will be kept locally and available on request

Practitioner

Name	Signature	Date
-------------	------------------	-------------

Assessor

Name	Signature	Date
-------------	------------------	-------------

Please ensure that names are printed and readable.

Any undecipherable forms will be returned without being inputted.

You must also complete the **Trust IV Drugs** pack before undertaking any administration of IV drugs. This is available on the trust intranet site.