



MEDICATION PASS OBSERVATION

Facility _____ Unit/Floor _____

Nurse _____ Date _____ Time _____

Observed by _____

MEDICATION ADMINISTRATION ERRORS	YES	NO	N/A
1. Resident identified before medication is poured			
2. Medication is not pre-poured by a nurse			
3. Medication administered within one hour of prescribed time or 1/2 hour when order is before or after meals			
4. Liquid medication measured at eye level			
5. Medication correctly crushed			
6. Medication administered by proper route			
7. Correct drug, correct amount, correct dosage form administered			
8. When a "hold" order exists, the pulse or blood pressure is checked at the proper time before medication administration			
9. Medication administration			
a. Medication checked against MAR before administering			
b. Resident observed to ensure medication swallowed			
c. Aware of and follows cautionary messages e.g. don't crush, don't give with antacids, shake well, give with food, give on empty stomach, etc.			
d. All medications administered i.e. nurse did not forget to give medication			
e. Adequate fluid offered (4-8 ounces)			
f. Appropriate fluid consistency observed			
10. Eye Drops			
a. Administers into lower eye sac			
b. Waits at least 3 to 5 minutes between eye drops (same or different medication)			
c. Sequence ophthalmic medications properly (drops before ointment)			
11. Inhaler administration			
a. Inhaler shaken well			
b. Wait 1 minute between puffs (same or different medication) except 2 minutes between puffs for Combivent			
c. Sequences inhalers properly			
d. Rinses resident's mouth after steroid administration			
12. Patch administration			
a. Previous patch checked for removal			
b. Applied to correct site			
13. External feeding tubes (NG or G tubes)			
a. Flushed before and after medications with 30 cc of warm water or as per facility policy			

General Comments:

MED PASS TECHNIQUE ERRORS	YES	NO	N/A
1. Cart			
a. Prepared, Clean/Organized/No RX medications on top			
b. Always visible to nurse or locked – keys retained by nurse			
2. All pitchers and containers are covered, labeled and dated			
3. Medication crushing device is clean and free from contamination			
4. Medication disposed of properly by nurse (e.g. spilled, patient refused)			
5. Medication removed from container properly, i.e. tablets/capsules not touched by nurse's hands (unless washed immediately prior to contact)			
6. PRN medication is charted completely after administration			
7. Medications are stored according to manufacturer's recommendation			
8. Pulse and blood pressure monitoring:			
a. Stethoscope cleansed			
9. Resident positioned properly			
10. Hand washing (alcohol based hand rub or soap and water per facility policy)			
a. Before and after direct patient contact (e.g. BP, pulse)			
b. Immediately before and after eye drops, g-tube, and patch administration			
c. Between every resident even if patient contact is not made			
d. Immediately before and after use of gloves			
e. Use soap and water when hands are visibly soiled and contaminated			
11. Medication Administration			
a. Medication signed for immediately after administration			
b. Narcotic count down sheet is signed immediately after dose is poured			
12. Syringes used and disposed of properly			
13. Med Pass uninterrupted			
14. Charting omissions were not observed on MAR			
15. Narcotic drawer locked during pass			
16. External feeding tubes checked for placement			
17. Resident's rights observed			
a. Knocks on door			
b. Privacy observed (covering the medication book, privacy curtain pulled)			
c. Appropriate response to refusal			
d. Treats resident with respect			
18. Medication questions answered appropriately			

Observation Comments:

Number of Residents Observed: _____ Number of Medications Passed: _____ Number of Errors: _____ Percent Error: _____

Results of med pass have been reviewed with nurse.

Additional Comments on Reverse Side