

Medication Orientation Checklist

I, _____, have been oriented/re-oriented to ASC Medication Procedure within _____ (service area) and have completed the following:

	<u>Date</u>	<u>Employee</u>	<u>Qualified Supervisor/ Designate</u>
1) Orientation to Medication Policy & Procedure			
a) Purpose and Policy Statement	_____	_____	_____
b) Consents	_____	_____	_____
c) Medication Definitions	_____	_____	_____
d) Storage of Medication	_____	_____	_____
e) Area Specific Medication Orientation	_____	_____	_____
f) Documentation	_____	_____	_____
g) Levels of Medication Administration	_____	_____	_____
h) Administration of Medications	_____	_____	_____
i) Packaging Medications	_____	_____	_____
j) Medication Incident	_____	_____	_____
k) Medication Errors	_____	_____	_____
2) Orientation to clients' specific conditions and/or diagnosis and medication procedures			

3) Orientation to clients' specific medications			
a) Reason for medication	_____	_____	_____
b) Criteria specific to medication	_____	_____	_____
c) Any pertinent information for administering/technique	_____	_____	_____
4) I have observed a qualified supervisor/designate administer medications a minimum of two times			

5) I have successfully administered medications three times under the observation of a qualified supervisor/designate			

6) Review completed as necessary			

I understand that I am now responsible to carry out the procedures as outlined.
Failure to do so will be considered negligence of duties.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Binder(s):	Adult Services					Page:	1 of 1
Section(s):	Medical	R	Feb 28/08	R/R	Sept 24/12	R/R	Nov 12/15
Program Area(s):	Adult Disability	R/R	Feb 7/18				