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| Annual Observation of Medication Administration  **Competency Evaluation Form** |

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| Name of Staff: |  | | | Date of Observation: |  | |
| Service Provider: | |  | | | | |
| MAP Registered site address: | | |  | | | |
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| **To be eligible to continue administering medications, staff must receive a ‘Yes’ on every item.** | | | | | |
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| MAP Monitor Observation Checklist:  (To be completed by MAP Monitor only.) | | | Comments:  (Continue on reverse side if necessary.) | | |
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| 1. | Staff identifies the correct medication sheet(s): | Yes | No |  |
| 2. | Staff identifies the correct medication(s): | Yes | No |  |
| 3. | Staff confirms the correct HCP Order(s): | Yes | No |  |
| 4. | Staff compares the pharmacy label to the medication sheet: | Yes | No |  |
| 5. | Staff prepares the correct dose: | Yes | No |  |
| 6. | Staff compares the pharmacy label to the medication sheet again: | Yes | No |  |
| 7. | Staff correctly administers medication(s): | Yes | No |  |
| 8. | Staff looks again, then correctly documents administration: | Yes | No |  |
| 9. | Staff stores and manages medication(s) in a secure manner: | Yes | No |  |
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| **Based on this observation, the above-named staff is (check one below):**  **Eligible to continue administering medication  Not Eligible to continue administering medication** | | |
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| MAP Monitor (Print Name) |  | MAP Monitor (Signature) |