

NURSE DELEGATION PROGRAM SKILLS CHECK LIST

NEW

RENEW

Agency Name Here

Staff Name _____ Date _____
 (Print)

MAS Nurse _____ Date _____
 (Print)

The unlicensed staff must, without prompting or error, demonstrate all skills delegated in accordance with the published guidelines with 100% accuracy to the MAS Nurse.

CRITERIA	MAS NURSE INITIALS & DATE	STAFF INITIALS & DATE	COMMENTS
I. Basic Medication Information and Medical Terminology (Refer to MAS Nurse Manual)			
A. States common medical abbreviations and meanings			
B. Describes common dosage forms of medications and routes of administration			
C. States the 7 rights			
D. Describes what constitutes a medication error			
E. Verbalizes the “3 checks”			
F. Describes consumer rights related to: <ul style="list-style-type: none"> • Refusal of meds • privacy and • respect 			
G. Defines a medication allergy and signs of a possible allergic reaction			
H. States name and location of medication references available in the facility			

CRITERIA	MAS NURSE INITIALS & DATE	STAFF INITIALS & DATE	COMMENTS
II. Demonstrated appropriate technique to obtain and record the following: (Refer to MAS Nurse Manual)			
A. Blood Pressure			
B. Temperature			
C. Pulse			
D. Respiration			
E. Finger stick blood sugar			
F. Wong Baker Faces Pain Rating Scale			
G. Changes in functional ability			
III. Administration of Medications (Refer to MAS Nurse Manual)			
A. Verifies use of appropriate medication delivery system with pharmacy or factory label			
B. States proper medication storage guidelines			
C. Washes hands appropriately			
D. Locates a clean and private area			
E. Gathers equipment needed			
F. Identifies correct person and brings to medication area			
G. Unlocks medication storage area			
H. Reads MAR and compares with label on medication container; checks expiration date of med; 7 rights			
I. Checks allergies			
J. Double checks the med label with the MAR using 7 rights			
K. Performs third check of medication label with the MAR			
L. Performs task satisfactorily			
M. Verifies medication was taken/administered			
N. Returns medication to proper storage			
O. Documents appropriately on MAR			
P. Washes hands appropriately			

CRITERIA	MAS NURSE INITIALS & DATE	STAFF INITIALS & DATE	COMMENTS
IV. COMPETENCY VERIFICATION OF ASSISTANCE WITH MEDICATIONS			
A. Assistance with medications – Check the type(s) of medications for which demonstrated competency is validated by the MAS Nurse			
<input type="checkbox"/> oral – pills/tablets/capsules			
<input type="checkbox"/> oral – liquid			
<input type="checkbox"/> oral – buccal/sublingual			
<input type="checkbox"/> eye – drops			
<input type="checkbox"/> eye – ointments			
<input type="checkbox"/> eye – patches			
<input type="checkbox"/> ear – drops			
<input type="checkbox"/> ear – topical (creams/lotions)			
<input type="checkbox"/> hearing aids			
<input type="checkbox"/> nose – drops			
<input type="checkbox"/> nose – sprays/inhalers			
<input type="checkbox"/> topical – creams/ointments/paste			
<input type="checkbox"/> topical – lotions/suspensions			
<input type="checkbox"/> topical – sprays/powders			
<input type="checkbox"/> topical – patches			
<input type="checkbox"/> topical – shampoo			
<input type="checkbox"/> respiratory inhalers			
<input type="checkbox"/> rectal medication (Suppositories/Enema/Gels)			
<input type="checkbox"/> Other:			
<input type="checkbox"/> vaginal medication (Suppositories/Enema/Gels)			
<input type="checkbox"/> Other:			
<input type="checkbox"/>			
V. OTHER NURSING TASK VALIDATED			
<input type="checkbox"/> Naloxone Auto Injector			
<input type="checkbox"/> Nebulizer			
<input type="checkbox"/> CPAP			
<input type="checkbox"/> Oxygen concentrator/cannula/mask			
<input type="checkbox"/> Epi-pen			
<input type="checkbox"/> Vagal Nerve Stimulator Wand			
<input type="checkbox"/> Hospital Bed			
<input type="checkbox"/> Mechanical Lift			
<input type="checkbox"/> Weight Scales			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

CRITERIA	MAS NURSE INITIALS & DATE	STAFF INITIALS & DATE	COMMENTS
VI APPROPRIATE DOCUMENTATION VALIDATED			
MAR			
<input type="checkbox"/> After Assisting with meds			
<input type="checkbox"/> Refused Meds			
<input type="checkbox"/> PRN meds			
<input type="checkbox"/> Missed dose other med error			
<input type="checkbox"/> Meds Held			
<input type="checkbox"/> Self Administration			
OTHER REQUIRED DOCUMENTATION			
<input type="checkbox"/> Seizure Record			
<input type="checkbox"/> Treatment Record			
<input type="checkbox"/> Narcotic Count Sheet			
<input type="checkbox"/> Health Care Practitioner Sheet			
<input type="checkbox"/> Medication Error Report Form			
<input type="checkbox"/> Incident Report Form			
<input type="checkbox"/> MAC Call Log/Any other Agency Required Form			
<input type="checkbox"/>			
<input type="checkbox"/>			
VII. OTHER SKILLS VALIDATED			
<input type="checkbox"/> Infection Control			
<input type="checkbox"/> First Aid/ Emergency Management			
<input type="checkbox"/> Seizure Management			
<input type="checkbox"/> MAS-MAC Connection			
<input type="checkbox"/> Med/Med Room Security			
<input type="checkbox"/>			
<input type="checkbox"/>			

- On-Site Observation
- Skills Lab Observation

SKILLS CHECKLIST SIGNATURE PAGE
***ALL MAC TRAINING MUST BE DOCUMENTED ON THE MAC
WORKER TRAINING RECORD***

DATE MAC II COMPLETED _____

***Every MAC Worker must have a minimum of 8 hours of MAC II Training
Documented in the MAC File [ABN 610-X-7-.06(5)(a)(2)]***

(Check one of the boxes below)

- Initial MAC II Training**
 MAC UPDATE Training
 Other (Explain) _____

MAC Worker SIGNATURE _____

MAC Worker Initials _____ DATE _____

MAS Nurse
SIGNATURE _____

MAS Nurse Initials _____ DATE _____

ONGOING MAC WORKER TRAINING

Date	Skills Verification	Amount of Time	MAC Worker Initials	MAS Nurse Signature
	<input type="checkbox"/> Initial <input type="checkbox"/> UPDATE <input type="checkbox"/> Other (Explain)			
	<input type="checkbox"/> Initial <input type="checkbox"/> UPDATE <input type="checkbox"/> Other (Explain)			
	<input type="checkbox"/> Initial <input type="checkbox"/> UPDATE <input type="checkbox"/> Other (Explain)			
	<input type="checkbox"/> Initial <input type="checkbox"/> UPDATE <input type="checkbox"/> Other (Explain)			

