

NURSE DELEGATION PROGRAM SKILLS CHECKLIST

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.

MAS Nurse Signature				
2 nd MAS Nurse Signature (If Applicable)				
	New	Recert	Recert	Recert
Date of Check off				
CRITERIA	MAC candidate Initials/Date	MAC Initials/Date	MAC Initials/Date	MAC Initials/Date
Section 1 - Basic Medication Information and Medical Terminology				
A. States common medical abbreviations and meanings				
B. Describes common dosage forms of medications and routes of administration				
C. States the 7 rights Verbalizes the “3 checks”				
D. Describes what constitutes a medication error				
E. Describes consumer rights related to: <ul style="list-style-type: none"> • Refusal of meds • privacy and • respect 				
F. Defines a medication allergy and signs of a possible allergic reaction				

Section 2 Demonstrated Appropriate Technique to Obtain and Record the Following:				
A. Blood Pressure				
B. Temperature				
C. Pulse				
D. Respiration				
E. Finger stick blood sugar				
F. O2 Saturation Monitor				
G. Wong Baker Faces Pain Rating Scale				
H. Changes in functional ability				
Section 3: Administration of Medications				
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				

NDP 13
MANDATORY FORM 3-23

L. Performs task satisfactorily. Verifies medication was taken/administered				
M. Returns medication to proper storage				
N. Documents appropriately on MAR				
O. Washes hands between people				

Section 4: Competency Verification of ALL Medications Delegated

<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:				

Section 5: Emergency Medications & Application (P & P)

<input type="checkbox"/> Naloxone Auto Injector				
<input type="checkbox"/> Epi-pen				
<input type="checkbox"/> Diastat				
<input type="checkbox"/> Nitroglycerin				

Section 6: Medical Equipment/ Infection Control(clean/disinfect/store)

<input type="checkbox"/> Nebulizer				
<input type="checkbox"/> CPAP				
<input type="checkbox"/> Oxygen concentrator/cannula/mask				
<input type="checkbox"/> Vagus Nerve Stimulator				
<input type="checkbox"/> Hospital Bed				
<input type="checkbox"/> Glucometer				
<input type="checkbox"/> Mechanical Lift				
<input type="checkbox"/> Weight Scales				

Section 7: MAR/Documentation

<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 (SMOR/SMAR)				
<input type="checkbox"/> Narcotic Count Sheet				
<input type="checkbox"/> Narcotic Shift to Shift Verification				

Section 8: Other Documentation

NDP 13
MANDATORY FORM 3-23

<input type="checkbox"/> Seizure Record				
<input type="checkbox"/> Treatment Record				
<input type="checkbox"/> Health Care Practitioner Sheet				
<input type="checkbox"/> Medication Error Report Form				
<input type="checkbox"/> Incident Report Form				
<input type="checkbox"/>				
<input type="checkbox"/> MAC Call Log/Any other Agency Required Form				
<input type="checkbox"/>				
<input type="checkbox"/> Infection Control (<i>Equip Cleaning/Refrig log</i>)				
<input type="checkbox"/> First Aid/ Emergency Management				
<input type="checkbox"/> Seizure Management				
<input type="checkbox"/>				
<input type="checkbox"/> Med/Med Room Security				
<input type="checkbox"/>				
<input type="checkbox"/> Quick Fact for MAC's				

- On-Site Observation
- Skills Lab Observation

SKILLS CHECKLIST SIGNATURE PAGE
ALL MAC TRAINING MUST BE DOCUMENTED ON THE MAC WORKER TRAINING RECORD (NDP 11)

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)]

MAC Worker SIGNATURE _____

