

MINUTES FROM NDP MAS NURSE/MATT RN QUARTERLY MEETING

Thursday, August 15, 2024

Beverly Jackson, NDP Coordinator, conducted Roll Call for MATT RNs. All MAS Nurses were instructed to document names in Chat Box as proof of attendance.

Per Beverly Jackson:

- What's Happening in Pharmacy:
 - AL Medicaid Agency Alert dated My 31, 2024: New Medicaid ID Numbers for Elderly and Disabled Population (See attachment)
 - Medicaid recipients with ID Number starting with 500 will get new card starting with 530
 - Medicaid recipients who did not have the new 530 number should have received the new Medicaid Card by July 1, 2024
 - AL Medicaid Agency Alert dated July 2, 2024: COVID-19: Changes to Services (See attachment)
 - Federal Funds related to COVID-19 Public Health Emergency ends on September 30, 2024
 - Over-the-Counter COVID-19 Diagnostic Tests will no longer be covered
 - Administration Reimbursements will change
 - Copayments for Medicaid covered services will be reinstated
- Changes in MAC I Modules Revisions:
 - All 6 Revised MAC I Modules are now on the Relias Website
 - Crushing of Medications by MAC Workers has been approved; the procedure and requirements are covered in Module 6 (See attachment)
 - Beverly Jackson, NDP Coordinator, has sent a message to ABN related to opening Depakote Sprinkles (Divalproex).
 - According to the FDA, Depakote is available as delayed-release capsules (Depakote Sprinkles), delayed released tablets (Depakote), and extended-release tablets (Depakote ER)
 - Per FDA: • Depakote Sprinkle Capsules may be swallowed whole, or the contents may be sprinkled on soft food. The drug/food mixture should be swallowed immediately (avoid chewing). **Remember extended-release capsules cannot be opened or crushed ever. Mixing medications with food whether crushing or opening requires a MD order.** (See attachment.)
 - Potential MAC workers only have 5 attempts to pass each module. Relias stated they are unable to program a reset after 6 months. 5 attempts final.

- A Fall Assessment and AIMS Assessment will be added to the Nursing Assessment on the NDP Website (See Attached Templates)
 - AIMS Assessment is not required for all Persons Served; only persons on certain Psychotropic Medications and some Neurological Medications
 - Agencies can continue to use their current Fall Assessment and AIMS Assessment if they choose to

- Changes to NDP Skills Checklist: NDP-13 (See attachment)
 - MAS Nurses may add a written test if they choose to do so
 - Emergency Medications: added Naloxone Nasal Spray and Nayzilam Nasal Spray
 - Medical Equipment: added Gait Belt and Pill Crusher

- ABN has updated Mandatory Courses as well as other ABN Courses required for MAS Training
 - Mandatory Class – Part 1: Updated 2/14/2024
 - Scope of Practice for RNs and LPNs: Updated 2/20/2024
 - Standardized Procedures – Practice Beyond Basic Nursing Education: Updated 2/20/2024
 - Delegation & Assignment: Definitions & the Application of ABN Rules: last updated 1/25/2022
 - If you plan to attend MAS Nurse Update Training, ABN Courses shall have a date on or after the update dates

- ADMH Statewide IRC Quarterly Data (January – March 2024) was reviewed. (See attached Agenda related to Medication Errors reported.)
 - Missed Doses – i.e., Pharmacy Errors or Family did not return medications for administration shall be reported in Therap
 - If Ordered Medications are not available from the Pharmacy, MAS Nurse may need to contact the MD to have the start date changed to avoid Missed Doses
 - MAS Nurses are reminded they can not change time of administration printed on MARs without approval from the MD
 - Any times changed on MARs shall be initialed or signed by Nurse making changes
 - Ensure time of administration accommodates when the Person is away from home to avoid Medication Errors
 - If time cannot be adjusted, ensure medication is available for administration to the person away from the home; medication shall be in a locked container and MAR shall be available for documentation

- MATT RN Training was conducted on July 30 and July 31, 2024. Congratulations to the following three new MATT RNs:
 - Stephanie Humphries – NWAMHC
 - Charity Scott - Central Alabama Wellness
 - Kentay Johnson - Cahaba Center for Mental Health
 - If you would like to become a MATT RN, please refer to the application of the NDP Website

- Other Business –
 - The NDP Advisory Committee will meet beginning in August 2024 for the following:
 - Revision of the RN Assessment
 - Develop a Study Guide for potential MAC Workers
 - Possible Facebook Group and/or Microsoft Teams Group for MAS Nurses and Providers; will need to be setup

- Dates for upcoming NDP Training (Becoming an Approved Delegating Nurse and MAS Nurse Update 2024) taught by Beverly Jackson, NDP Coordinator, are listed on the attached Agenda.
 - Must register on the following website:
www.admh.academy.reliaslearning.com
 - Training is conducted via Zoom
 - Any problems encountered with Relias shall be addressed by calling their toll-free number at 1-800-381-2321
 - Some MATT RNs conduct NDP Training as well that is not listed on the Relias Website or the Agenda

- FYI - Beverly Jackson, NDP Coordinator, will be on vacation from September 23 to September 27, 2024; while on vacation, Ms. Jackson may be reached for emergencies only at 1-334-322-8297


- Next Meeting Date: Thursday, November 21, 2024
 - Send an email to Beverly Jackson, NDP Coordinator, if you would like to receive invites to MAS/MATT Meetings if not already receiving them.

Attachments:

- Meeting Agenda
- Alabama Medicaid Agency Alert dated May 31, 2024
- Alabama Medicaid Agency Alert dated July 2, 2024
- MAC I – Module 6: Assisting with Oral Medications (Crushing Medications)
- Procedure for Depakote Sprinkles in Soft Foods
- Draft of Fall Assessment
- Draft of AIMS Assessment
- Changes to Skills Checklist (NDP-13)



Submitted By:

Angela W. Marks, RNIII 
Regional Nurse, ADMH – Region 3

Date: September 3, 2024

MAS/MATT MEETING AGENDA

August 15, 2024

10a-12noon *zoom*

- Welcome – EVERYONE **sign in by entering your name in the chat box.**
This will serve as our roster.

- **MATT nurse will have a Roll call**

- **What's Happening in Pharmacy**
 - a. Medicaid Alerts
 - New ID Cards
 - Covid 19 changes
 - SMI Forum
 - **MAC I Revisions**
 - Revised Modules approved and now on Relias
 - crush meds procedure via pouches/envelops added to module 6
 - Falls assessment
 - Aims Assessment
 - Revised Skill check list
 - **ABN** updated their website **Mandatory CEs** also update February 2024

Quarterly Med errors

- Level II for January -March
 - 4 level II – Three were wrong person errors One Missed dose (up 1)
 - No Level IIIs
- Missed doses – 483 an increase from last qtr 462
- Wrong med- 10 down by 2
- Wrong dose -58 down from 68

MATT completed July 30 & 31, 2024

Stephanie Humphries – NWAMHC
Charity Scott- Central Alabama Wellness
Kentay Johnson –Cahaba Center for Mental Health

o **Other business**

Advisory committee will begin a revision on RN assessment- Aug 2024
Study Guide for MAC workers

2024 training dates on Relias.

b. Becoming a Certified Delegating Nurse (Initial Training)

- i. September 10 & 11
- ii. October 8 & 9
- iii. November 12 & 13
- iv. December 10 & 11

c. MAS UPDATE 2024

- i. August 21
- ii. September 18
- iii. October 16
- iv. November 20
- v. December 18

• **Next MAS/MATT Training**

- a. MATT RN application is on the NDP Website

• **Next MAS/Matt Meetings**

- a. November 21

- How do I register for training?

www.admh.academy.reliaslearning.com

If you have a problem with Relias, I cannot fix it you must call them.1.800.381.2321

FYI- my vacation time – September 23-27

A L E R T

May 31, 2024

TO: All Providers

RE: New Medicaid ID Numbers for Elderly and Disabled Population

The Alabama Medicaid Agency (Medicaid) will begin to migrate the remaining recipients from the AMAES legacy computer system to the newer CARES eligibility system in June 2024. Medicaid anticipates the process will be completed by July 1, 2024.

Medicaid recipients with a Medicaid ID number starting with 500 will get a new Medicaid ID number that starts with 530 (unless they already have a 530 Medicaid number). New Medicaid cards will be sent to recipients who do not already have a Medicaid card with the new 530 number.

Recipients in nursing facilities may receive a new Medicaid number but not a card. Medicaid is "linking" the old Medicaid ID number to the new Medicaid ID number. Recipients may continue to use the old Medicaid ID number during the month of June 2024. Once numbers are linked, either number will work.

Providers who need assistance may call the Medicaid Provider Assistance Center at 1-800-688-7989 (toll-free).

A L E R T

July 2, 2024

TO: All Providers

RE: COVID-19 Unwinding: Changes to Services

Per federal guidance, the phase down for funds related to the COVID-19 public health emergency (PHE) ends on September 30, 2024. Therefore, some flexibilities the Alabama Medicaid Agency (Medicaid) implemented due to the COVID-19 PHE will end at that time. Effective October 1, 2024:

- Pregnant adult recipients (ages 21 and older) will only be eligible for dental benefits during pregnancy and through the end of the month of 60 days postpartum when rendered by enrolled dental providers.
- At-Home over-the-counter (OTC) COVID-19 Diagnostic Tests from a pharmacy will no longer be covered. Medicaid recipients may still be tested for COVID-19 through a physician office or clinic.
- COVID-19 vaccine administration reimbursement will change from \$40 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- COVID-19 vaccine counseling reimbursement will change from \$31.70 to \$13.00. This applies to pharmacy and non-pharmacy providers.
- All non-COVID vaccine administration reimbursement will change from \$5 to \$8 per administration. This applies to pharmacy and non-pharmacy providers.
- Copayments for Medicaid covered services will be reinstated. The amounts are based on the federally approved maximum amounts and are shown below (including Medicare crossovers):

Services with Copayments	Copayment Amounts	Based on Medicaid's Allowed Amount for the Services
Office Visits (<i>including visits to physicians, optometrists, nurse practitioners</i>)	\$0.65 to \$3.90 per office visit code	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65
Federally Qualified Health Centers (FQHC)	\$3.90 per encounter	
Rural Health Clinic (RHC)	\$3.90 per encounter	
Inpatient Hospital	\$50.00 per admission	
Outpatient Hospital	\$3.90 per visit	
Ambulatory Surgical Centers	\$3.90 per visit	
Durable Medical Equipment/ Medical Supplies and Appliances	\$0.65 to \$3.90 per line item	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65
Prescription Drugs	\$0.65 to \$3.90 per prescription	\$50.01 or more - \$3.90 \$25.01 - \$50.00 - \$2.60 \$10.01 - \$25.00 - \$1.30 \$10.00 or less - \$0.65

Copayment does **not** apply to services provided to/for:

- Pregnant women
- Nursing facility residents
- Recipients less than 18 years of age
- Native American Indians with an active user letter from Indian Health Services (IHS)
- Emergencies
- Family Planning
- Vaccines and vaccine administration

A provider may not deny services to any eligible Medicaid recipient because of the recipient's inability to pay the cost-sharing (copayment) amount imposed.

Please continue to visit the [Alabama Medicaid website](#) for up-to-date information related to the 'unwinding' process. If you have questions, please contact the Provider Assistance Line at (800) 688-7989.

Assisting with Oral Medications

- Many of the people requiring assistance with oral medications have difficulties swallowing pills and capsules.
- If the person you are assisting requires their medication to be crushed, **they will have an order** from their primary care provider (PCP) to crush the medication. Your MAS nurse will train on your agency procedure for crushed meds during MAC II.
- **Only** medication that has been ordered by the PCP can be crushed.
- Your MAS nurse will train you on how to recognize meds on the MAR that require crushing during MAC II.
- You will be required to demonstrate this skill during your competency checkoff.

Assisting with Oral Medications

- Meds that require Crushing may **ONLY** be crushed using the Agency policy.
- The Agency will maintain a current “Do Not Crush” Medication list. Your MAS nurse will train on this during MAC II.
- Medication that require crushing will be labeled “crush” or “Do Not Crush” on MAR. see example below

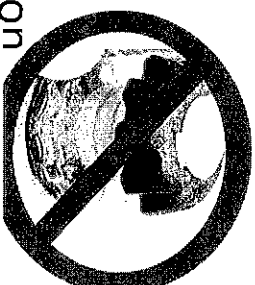
Name: EX Ample	DOB: 12-1-1982	Time	1	2	3	4	5	6	7	8	9	10
Date: March 2024	MO: WA											

Ultram 50mg tablet PO
 Give one tablet every six hours for pain
(CRUSH) 8:00am

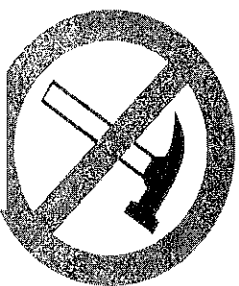
Depakote 500mg capsule PO
 Give one capsule every eight hours for mood disorder
(DO NOT CRUSH) 8:00am



Mortar and pestle



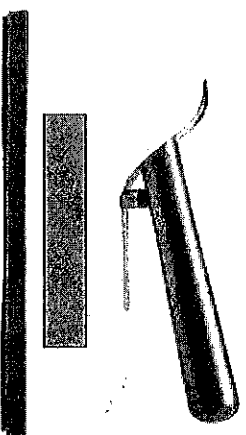
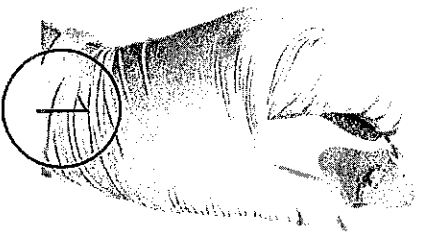
Screw down crusher



Hammer and bag

NO
HAMMERS

Assisting with oral Medications



The approved process to crush medications is to use the medication pouch

- Apply gloves
- Check MAR using the 7 rights
- Check MAR to see if medications can be crushed.
- Place medication in the pouch. If you have more than one medication that requires crushing, you may place them in pouch to crush at the same time.
- Use a device like picture to crush the meds. Never use tools like a hammer or heavy object to bang on pouch. These can damage the pouch and lose amounts of the medication.
- Once the medication is crushed pour the entire content into the medication cup.
- Administer the medication promptly as ordered. Do not crush prior to the administration time.

Depakote Sprinkles

Depakote Sprinkles (divalproex sodium) should not be dissolved in liquids. Instead, you can open the capsule and sprinkle the contents onto a small amount of soft food, such as applesauce or pudding. Here are the steps:

1. **Open the Capsule:** Carefully open the Depakote Sprinkle capsule.
2. **Mix with Soft Food:** Sprinkle the contents onto a teaspoonful of soft food like applesauce or pudding.
3. **Swallow Immediately:** Swallow the mixture right away without chewing.
4. **Drink Water:** Drink a glass of water immediately after to ensure all the sprinkles are swallowed.

It's important to follow these instructions to ensure the medication works effectively and to avoid any potential issues with absorption. If you have any concerns or specific instructions from your healthcare provider, be sure to follow those as well.

Do you have any other questions about your medication?

1. [Warnings of Depakote Sprinkles](#)
2. [How can I give the Depakote sprinkles through a feeding tube? - Drugs.com](#)
3. [MEDICATION GUIDE DIVALPROEX SODIUM DELAYED RELEASE CAPSULES \(SPRINKLE\)](#)
4. [divalproex sodium sprinkle capsule - oral, Depakote Sprinkle - MedicineNet](#)
5. [Depakote Sprinkles Uses, Side Effects & Warnings - Drugs.com](#)
6. <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=e29278>

Nurse Delegation Program

Fall Scale

The items in the scale are scored as follows:

History of falling: This is scored as 5 if the person has fallen during the 3 months prior to admission or within the last 3 months at your facility or if there was an immediate history of physiological falls, such as from seizures or an impaired gait. If the person has not fallen, this is scored 0. Note: If a person falls for the first time, then his or her score immediately increases by 5.

Secondary diagnosis: This is scored as 5 if more than one medical diagnosis is listed on the person's chart; if not, score 0. (Example: Cerebral Palsy and Epilepsy)

Ambulatory aids: This is scored as 0 if the person does not use any assistive devices. If they walk with a walking aid, use a wheelchair, crutches or hold onto the furniture, are on a bed rest this is a score of 10. (Note: only *one score* even if multiple devices)

Two or More sedation meds: This is scored as 5 if the person has **two or more** medications that cause sedation; if not, score 0.

Gait: A *normal gait* is characterized by the person walking with head erect, arms swinging freely at the side, and striding without hesitant. This gait scores 0.

With a *weak gait* (score as 5), the person is stooped but can lift the head while walking without losing balance. Steps are short and the person may shuffle.

With an impaired gait (**score 10**), the person may have difficulty rising from the chair, attempting to get up by pushing on the arms of the chair/or by bouncing (i.e., by using several attempts to rise). The person's head is down, and he or she watches the ground. Because the person's balance is poor, the person grasps onto the furniture, they require a support person, or a walking aid for support and cannot walk without this assistance.

Mental status: When using this Scale, mental status is measured by **checking the person's own self-assessment of his or her own ability to ambulate**. Ask the person (when applicable), "Are you able to go the bathroom alone or do you need assistance?" **If the person's reply judging his or her own ability is consistent with what the nurse views during the assessment scored 0.**

If the person's response is **not consistent** with the nursing orders or if the person response is **unrealistic**, then the patient is considered to **overestimate his or her own abilities and to be forgetful of limitations and scored as 10.**

Assessment is repeated after any new fall.

Scoring and Risk Level: The score is then tallied and recorded on the persons. Risk level and recommended actions (e.g. no interventions needed, standard fall prevention interventions, high risk prevention interventions) are then identified.

<i>Item</i>	<i>Scale</i>	<i>Scoring</i>
History of falling; immediate or within 3 months	No = 0 Yes = 5	
Secondary Medical diagnosis	No = 0 Yes = 5	
Ambulatory aid Bed rest/nurse assist Crutches/cane/walker Furniture	None = 0 One or more = 10	
Two or more medications that cause sedation	No = 0 Yes = 5	
Gait/Transferring Normal/bedrest/immobile Weak Impaired	None = 0 Weak = 5 Gait impaired = 10	
Mental status Oriented to own ability. Forgets limitations	None = Forgets, Altered reality = 10	
	Total	

Risk Level	Score	Action
No Risk	0 - 4	Good Basic Nursing Care
Moderate Risk	5 - 15	Implement Standard Fall Prevention Interventions
High Risk	≥ 15	Implement High Risk Fall Prevention Interventions

Nurse Delegation Program

AIMs Instructions

There are two parallel procedures, the examination procedure, which tells the person what to do, and the scoring procedure, which tells the clinician how to rate what he or she observes.

Examination Procedure

Either before or after completing the examination procedure, observe the person unobtrusively at rest (e.g., in the waiting room).

The chair to be used during the assessment should be a firm one without arms.

1. Ask the person whether there is anything in his or her mouth (such as gum or candy) and, if so, to remove it.
2. Ask about the 'current' condition of the patient's teeth. Ask if he or she wears dentures. Ask whether teeth or dentures, bother the person 'now'.
3. Ask whether the person notices any movements in his or her mouth, face, hands, or feet. If yes, ask them to describe them and to indicate to what extent the movements 'currently' bother the person or interfere with activities.
4. Have the person sit in the chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at the entire body for movements while they sit in this position.)
5. Ask the person to sit with hands hanging unsupported – if male, between his legs, if female and wearing a dress, hanging over her knees. (Observe hands and other body areas).
6. Ask the person to open his or her mouth. (Observe the tongue at rest within the mouth.)
7. Ask them to stick out his or her tongue. (Observe abnormalities of tongue movement.)
8. Using one hand at a time, ask the person to take his or her thumb and touch it to each finger as fast as they can until you say stop. (Observe facial and leg movements during this activity for 10 to 15 seconds.) Repeat activity with other hand.
9. Ask the person to stretch both arms straight out in front of them. Ask them to bend one arm up toward their body while keeping the other arm extended. Then have them extend the arm back to original position and repeat with the other arm. Rest arms by side.
10. Ask the person to extend both arms out in front, palms down. (Observe trunk, legs, and mouth.)
11. Ask them to stand up. (Observe their profile)
12. Have them to walk a few paces, turn, and walk back to the chair. (Observe hands and gait.) Do this twice.

Scoring Procedure

Complete the examination procedure before making ratings.

For the movement ratings (the first three categories below), rate the highest severity observed.

0 = none, 1 = minimal (may be extreme normal), 2 = mild, 3 = moderate, and 4 = severe.

According to the original AIMS instructions, one point is subtracted if movements are seen only on activation, but not all investigators follow that convention.

Facial and Oral Movements

1. Muscles of facial expression, e.g., movements of forehead, eyebrows, periorbital area, cheeks.

Include frowning, blinking, grimacing of upper face.

0 1 2 3 4



2. Lips and perioral area, e.g., puckering, pouting, smacking.

0 1 2 3 4

3. Jaw, e.g., biting, clenching, chewing, mouth opening, lateral movement.

0 1 2 3 4

4. Tongue. Rate only increase in movement both in and out of mouth, not inability to sustain movement.



0 1 2 3 4

Extremity Movements

5. Upper (arms, wrists, hands, fingers). Include movements that are choreic (abrupt, rapid, brief, jerky, irregular, spontaneous) or athetoid (slow, irregular, usually seen in Cerebral Palsy). Do not include tremor (repetitive, regular, rhythmic movements).

0 1 2 3 4



6. Lower (legs, knees, ankles, toes), e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion, and eversion of foot.

0 1 2 3 4



Trunk Movements

7. Neck, shoulders, hips, e.g., rocking, twisting, squirming, pelvic gyrations. Include diaphragmatic movements.

0 1 2 3 4

4/8/2024

Global Judgments

8. Severity of abnormal movements.

0 1 2 3 4

based on the highest single score on the above items.

9. Incapacitation due to abnormal movements.

0 = none, normal

1 = minimal

2 = mild

3 = moderate

4 = severe

10. Person's awareness of abnormal movements.

0 = no awareness

1 = aware, no distress

2 = aware, mild distress

3 = aware, moderate distress

4 = aware, severe distress

Dental Status

11. Current problems with teeth and/or dentures.

0 = no

1 = yes

12. Does this person usually wear dentures?

0 = no

1 = yes

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				
2nd 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 (May create a written test here)

- 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:
 - Refusal of meds
 - privacy and
 - respect
- F. Defines a medication allergy and signs of a possible allergic reaction

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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

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
- L. Performs task

NDP 13
MANDATORY FORM 3-23

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

- oral – pills/tablets/capsules
- oral – liquid
- oral – buccal/sublingual
- eye – drops
- eye – ointments
- eye – patches
- ear – drops
- ear – topical (creams/lotions)
- hearing aids
- nose – drops
- nose – sprays/inhalers
- topical – creams/ointments/paste
- topical – lotions/suspensions
- topical – sprays/powders
- topical – patches
- topical – shampoo
- respiratory inhalers
- rectal medication (Suppositories/Enema/Gels)
- Other:
- vaginal medication (Suppositories/Enema/Gels)
- Other:

Section 5: Emergency Medications & Application (P & P) MUST HAVE MD ORDER noting use of EMERGENCY MEDICATION

- Naloxone Auto Injector
- Naloxone Nasal Spray
- Epi-pen
- Nayzilam Nasal Spray
- Diastat
- Nitroglycerin
- Glucagon Prefilled injectable

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

- Nebulizer
- CPAP
- Oxygen concentrator/cannula/mask
- Vagus Nerve Stimulator
- Hospital Bed
- Gait belt
- Mechanical Lift
- Weight Scales
- Wheelchair
-
-
-
-

Section 7: MAR/Documentation (May complete actual Documentation here)

- After Assisting with meds
- Refused Meds
- PRN meds
- Missed dose other medication error
- Meds Held
- Self Administration (SMOR/SMAR)
- Narcotic Count Sheet
- Narcotic Shift to Shift Verification

Section 8: Other Documentation (May Use agency documentation here)

- Seizure Record
- Treatment Record

- Health Care Practitioner Sheet
- Medication Error Report Form
- Incident Report Form
-
- MAC Call Log/Any other Agency Required Form
- Changes in functional ability
- Infection Control (*Equip Cleaning/Refrig log*)
- First Aid/ Emergency Management
- Seizure Management
-
- Med/Med Room Security
-
- 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)]***

