SUMMARY and CERTIFICATION PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES

INITIAL TRAINING – STUDENT MEDICATION ADMINISTRATION PROGRAM

**INITIAL TRAINING – STUDENT** STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Certification consists of grades from Online Exams, Skills, & Observations)*

1. **ONLINE EXAMINATIONS**

MULTIPLE CHOICE TEST STUDENT’S SCORE:

TOTAL POSSIBLE POINTS: **50** \_\_\_\_\_\_\_\_\_\_

WRITTEN DOCUMENTATION TEST STUDENT’S SCORE:

SCRIPT/LABEL POSSIBLE POINTS 15 \_\_\_\_\_\_\_\_\_\_\_

MAR POSSIBLE POINTS 25 \_\_\_\_\_\_\_\_\_\_\_

TOTAL POSSIBLE POINTS **40** STUDENT’S SCORE: \_\_\_\_\_\_\_\_\_\_\_

TRAINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SKILL DEMONSTRATION**

HANDWASHING POSSIBLER POINTS (0 OR 5) 5 STUDENT’S SCORE \_\_\_\_\_\_\_\_\_\_\_

GLOVING POSSIBLE POINTS (0 OR 5) 5 STUDENT’S SCORE \_\_\_\_\_\_\_\_\_\_\_

TOTAL POSSIBLE POINTS **10** STUDENT’S SCORE \_\_\_\_\_\_\_\_\_\_\_

TRAINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

--------------------------------------------------------------------------------------------------------------------------------------------------

|  |
| --- |
| (Total of items #1 and #2 |

TOTAL SCORE **100** STUDENT’S SCORE \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **MEDICATION ADMINISTRATION OBSERVATIONS** RESULTS

DATE OBSERVER’S NAME PASS FAIL

OBSERVATION #1 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

OBSERVATION #2 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

OBSERVATION #3 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

OBSERVATION #4 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

OBSERVATION #5 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

OBSERVATION #6 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_

A SUMMARY OF THE STAFF PERFORMANCE APPEARS ABOVE. Based on this, staff named above has:

PASSED: \_\_\_\_\_\_\_\_ FAILED: \_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document certified whether or not the individual named has successfully completed the requirements of the department approved Medication Administration Course.

|  |
| --- |
| Rev. July 2017 |

**HANDWASHING AND GLOVING PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE**

**SKILLS CHECKLIST MEDICATION ADMINISTRATION PROGRAM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HANDWASHING**

|  |
| --- |
| **COMPLETED**  **STEP CORRECTLY COMMENTS**  **YES NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Turn on water and wet hands and wrist. |  |  |  |
| 2. Put soap on hands. |  |  |  |
| 3. Rub hands together for 10-15 seconds making a lather. Be sure to wash in between fingers. |  |  |  |
| 4. Rinse hands. |  |  |  |
| 5. Dry hands on a clean towel. |  |  |  |
| 6. Turn off faucets using towel. |  |  |  |
| 7. Dispose of towel properly. |  |  |  |

TRAINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PASS: \_\_\_\_\_ FAIL: \_\_\_\_\_

August 2013 Page 1 of 2

**HANDWASHING AND GLOVING PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE**

**SKILLS CHECKLIST MEDICATION ADMINISTRATION PROGRAM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GLOVING**

|  |
| --- |
| **COMPLETED**  **STEP CORRECTLY COMMENTS**  **YES NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Wash hands. |  |  |  |
| 2. Put gloves on covering hands and wrists. |  |  |  |
| **PART 2: REMOVING GLOVES** |  |  |  |
| 1. Take gloved right hand and grasp the glove on the left hand at the outside of the glove. |  |  |  |
| 2. Turn the glove inside out as it’s pulled down over the left hand to keep the body fluids on the glove away from the right hand. |  |  |  |
| 3. Hold the removed glove in right hand. |  |  |  |
| 4. Pull the right glove over the right hand using the left hand on the inside of the glove. |  |  |  |
| 5. Pull the right glove off leaving the left glove inside. |  |  |  |
| 6. Do not separate the gloves. |  |  |  |
| 7. Throw gloves away in the trash. Do not reuse the gloves. |  |  |  |
| 8. Wash hands. |  |  |  |

TRAINER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PASS: \_\_\_\_\_ FAIL: \_\_\_\_\_

August 2013 Page 2 of 2