Competency Based Training Assessment (CBTA) for Medication Administration by Non-licensed Direct Care Staff in the Community for those with a Developmental Disability

Signature of Staff to be Authorized to Pass Medications: _____

Date(s) of **initial** Authorization training & testing _____, _____, _____, _____

RN Nurse-Trainer Name: _____ IL License # 041- _____

Provider Name: _____

Directions: To successfully complete the tasks of medication administration for authorization to administer medications, non-licensed direct care staff must, under the direct supervision of a RN Nurse-Trainer, pour, administer and record **ERRORLESSLY**. This will be done by the staff member named above, for the individuals identified on this form. This evaluation includes demonstrating knowledge of each individual's disability, medication, dose, schedule, route, and expected effects and possible side effects. A list of the medications administered to the individuals identified on this form, such as a Medication Administration Record (MAR), must be attached. There must be a documenting procedure that reflects new medications (including dosage changes) the staff member is authorized to administer.

Scoring Key: + = Successful Completion   - = Unsuccessful Completion   NA = Not Applicable

General Requirements/Preparation (If necessary, attach additional sheets for additional comments.)

(   ) 1.   Chooses appropriate place to dispense medications and makes sure the dispensing area is clean.

(   ) 2.   Focuses on preparing and administering medications regardless of unavoidable distractions/interruptions.

(   ) 3.   Assembles equipment necessary for pouring, administering and recording medications to be given (paper & medicine cups, measuring devices, vehicles such as applesauce/pudding, etc.

(   ) 4.   Procures appropriate MARS and medications from locked storage.

(   ) 5.   Matches individual's name on MAR with label on medication containers.

(   ) 6.   Shakes liquid medications and or mixes crushed/liquids with appropriate fluids or foods.

(   ) 7.   Cleans up the medication area after each individual as necessary to prevent possibility of contamination.

INDIVIDUALS

TASK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Appropriately obtains individual's medications																
Reviews the MAR for allergies & medication changes or any conflicts before pouring medications.																
Identifies individual. Checks and matches individual's name/face with name/picture on MAR																
When/If indicated, checks pulse, blood pressure, temperature, etc.																
Washes/disinfects hands before pouring medications for each individual																
Check for correct drug administration by stating aloud (or murmur) 7 rights of Medication Administration																
(1) when removing specific drug container from box/cabinet																
(2) before pour/punching out an accurate dose.																
(3) before returning drug container to box/cabinet																
Selects correct medication, dose, date, time, route & consistency																
Assists individuals to receive/consume medication as necessary																
Observe individuals to insure consumption/correct application of medication(s)																
Follow ISP/Self-Medication Program to maximize self-med independence																
Immediately documents med on MAR for each individual following administration																

Comments: _____

_____

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_____

( )   PASSED Medication Administration CBTA with 100% Accurate Performance _____/_____/20_____
                                                                                              (date)

( )   DID NOT PASS Medication Administration CBTA with 100% Accurate Performance ____/_____/20____
                                                                                              (date)

_____, has successfully completed the classroom and CBTA components
(Name of non-licensed staff – print legibly or type)

for Authorization of Non-Licensed Direct Care Staff. He/She is authorized to administer medications to the clients/

individuals identifies below. _____ _____/_____/ 20_____
                                              (Signature of Nurse-Trainer)

      Individual's Name or Identification   Individual's Name or Identification

1. _____   9. _____

2. _____   10. _____

3. _____   11. _____

4. _____   12. _____

5. _____   13. _____

6. _____   14. _____

7. _____   15. _____

8. _____   16. _____