

Medication Assistance Activity Competency Record

Name: _____

Date: _____

dd-Mon-yyyy

Activity Assessed: _____

Note: When providing **MAP Level 1** (reminder), the unregulated health care provider does not handle or prepare medication for the client. Therefore, they do not perform the medication rights or perform safety checks.

check	Activity
<input checked="" type="checkbox"/>	The First Medication Safety Check is done by the regulated health care provider who verifies the completeness and appropriateness of the prescriber's order (e.g., pharmacist and/or nurse).
<input type="checkbox"/>	Introduces self to client and reviews the client's care plan/medication record
<input type="checkbox"/>	Performs hand hygiene and gathers the required supplies for the activity
<input type="checkbox"/>	The Second Medication Safety Check is performed correctly, including: <ul style="list-style-type: none"> • checking for allergies and alerts on the medication label and care plan/medication record • checking the expiry date and/or beyond use date of the medication • checking the medication rights* comparing the medication label and care plan/medication record • any discrepancy or incorrect/unclear information is identified and reported
<input type="checkbox"/>	The medication is prepared according to instructions on the care plan/medication record, including <ul style="list-style-type: none"> • hand hygiene performed at appropriate intervals • inspecting medication for damage, signs of spoilage or irregularities • verifying the medication is labelled for the route • medication is prepared as directed in the care plan
<input type="checkbox"/>	The Third Medication Safety Check is performed correctly, including: <ul style="list-style-type: none"> • the client is identified using two (2) acceptable and unique identifiers • the activity is explained to the client • the medication rights* are checked, compared to the medication label and care plan/medication record
<input type="checkbox"/>	Medication assistance provided as per the care plan, including <ul style="list-style-type: none"> • the correct level of assistance (MAP 2 or 3) is provided • used supplies are disposed of correctly and reusable equipment cleaned (if used) • hand hygiene performed • documentation completed • observations reported as instructed on the care plan, or issues/concerns to the Supervisor
<p>* Medication rights: right client, right medication, right time, right dose, right route, right documentation, right of refusal. Unregulated health care providers are not required to know the "right reason" when providing medication assistance as directions on the care plan are followed.</p>	
<p>Refer to Medication Assistance Activity Sheets when assessing competencies. https://www.albertahealthservices.ca/info/Page10406.aspx</p>	

Assessor: _____
print name

Signature: _____
signature and designation

Signature means the assessor acknowledges the individual observed is competent to perform the activity