



DCF Medication Administration Program
Medication Administration Certification
Facility Internship Objectives & Criteria

Learning Objectives	<p>Medication Certification candidates will:</p> <ul style="list-style-type: none">• demonstrate knowledge of their facility's medication administration systems, policies and procedures, and location of all necessary equipment.• demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines and utilizing the DCF Medication Administration Procedure.• demonstrate ability to document on Medication Administration Record (facility specific) including, but not limited to: transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication administration.• demonstrate knowledge of when and how to contact their facility's "Chain of Command."• describe proper procedure to follow in their agency in the event of an emergency and/or medication error.
Minimum Criteria	<ol style="list-style-type: none">1. Orientation to facility policy and procedure for medication administration.2. Shadowing of an experienced medication certified staff in good standing or facility nurse during actual medication administration pass.<ul style="list-style-type: none">• Minimum of 2 complete medication passes3. Supervised medication passes under the direct supervision of nurse or experienced medication certified staff in good standing utilizing the DCF Medication Administration Procedure.<ul style="list-style-type: none">• Minimum of 2 complete medication passes
Awarding of Certificate	<p>Completed Internship Verification Form signed by candidate, facility nurse and facility director submitted to DCF Medication Administration Program.</p>



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN & FAMILIES

Medication Administration Program

Medication Certification Internship Skills Checklist



EMPLOYEE NAME:	DATE:
EMPLOYING FACILITY:	

Objective 1		<i>Medication Certification candidates will demonstrate knowledge of their facility's medication administration systems, policies and procedures, and location of all necessary equipment.</i>	Date Completed	Nurse's Initials	Candidate's Initials
	Candidate has demonstrated knowledge of:				
	<ul style="list-style-type: none"> patient medication storage 				
	<ul style="list-style-type: none"> internal and external medication 				
	<ul style="list-style-type: none"> policy and procedure for proper key storage/control 				
	<ul style="list-style-type: none"> storage of controlled and non-controlled medication 				
	<ul style="list-style-type: none"> inventory of controlled medication 				
	<ul style="list-style-type: none"> location of MAR/Kardex and practitioner's orders 				
	<ul style="list-style-type: none"> location of emergency medications 				
	Candidate has demonstrated understanding of the facility's specific medication procedure that is within the DCF Medication Administration Guidelines including:				
	<ul style="list-style-type: none"> utilizing PRN orders 				
	<ul style="list-style-type: none"> obtaining medications from the pharmacy 				
	<ul style="list-style-type: none"> safe handling of medication for: <ol style="list-style-type: none"> admission discharge home visit 				

Objective 2		<i>Medication Certification candidates will demonstrate proper and safe techniques for administering medication according to the DCF Medication Guidelines.</i>	Date Completed	Nurse's Initials	Candidate's Initials
	Candidate has:				
	<ul style="list-style-type: none"> observed at least 2 complete medication passes with medication administration certified staff and/or nurse 				
	<ul style="list-style-type: none"> demonstrated ability to safely administer medications under the direct supervision of a nurse according to the DCF Med Administration Procedure Checklist 				

Objective 2 Continued			Date Completed	Nurse's Initials	Candidate's Initials
		<ul style="list-style-type: none"> demonstrated understanding of proper procedure for administration of PRN medication including use of PRN Psychotropic Medication 			
		<ul style="list-style-type: none"> administered at least 2 medication passes under the direct supervision of an experienced medication administration certified staff in good standing or registered nurse 			

Objective 3	<i>Medication Certification candidates will demonstrate ability to document on Medication Administration Record including (but not limited to) transcription of orders, documentation of medication received, refused, missed and/or given on therapeutic visit, and all necessary documentation for PRN medication.</i>		Date Completed	Nurse's Initials	Candidate's Initials
	Candidate has demonstrated:				
		<ul style="list-style-type: none"> ability to properly transcribe a licensed practitioner's order 			
		<ul style="list-style-type: none"> ability to document when a medication has been: 			
		1. administered			
		2. refused/held			
		3. administered while on pass			
		<ul style="list-style-type: none"> ability to determine when a PRN medication was last given and when it can be given again 			
		<ul style="list-style-type: none"> ability to document when a PRN has been given including the outcome 			

Objective 4			<i>Medication Certification candidates will demonstrate knowledge of when and how to contact their facility's "Chain of Command."</i>	Date Completed	Nurse's Initials	Candidate's Initials
Objective 5			<i>Medication Certification candidates will describe proper procedure to follow in their agency in the event of an emergency, medication error or incident.</i>			
		Candidate can:				
		<ul style="list-style-type: none">locate "Chain of Command" information				
		<ul style="list-style-type: none">demonstrate procedure(s) for contacting "Chain of Command" in the event of an incident and/or emergency situation				
		<ul style="list-style-type: none">describe policy and procedure to be followed in the event of a medication error or incident				

PASS / FAIL:

COMMENTS:

EMPLOYEE SIGNATURE:

RN SIGNATURE:



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN & FAMILIES

Medication Administration Program
Internship Verification Form



EMPLOYEE NAME:	EMPLOYING FACILITY:
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The above candidate has successfully completed all components of the Medication Certification Internship at this DCF licensed/operated facility. This internship has included the following:

- Orientation to facility policy and procedure for medication administration
- Shadowing of an experienced medication certified staff in good standing or facility nurse during actual medication passes. **Minimum of 2 complete medication passes.**
- Supervised medication passes under the direct supervision of nurse or experienced medication certified staff in good standing utilizing the DCF Medication Administration Procedure. **Minimum of 2 complete medication passes.**

A certificate will be issued by the Department of Children and Families upon receipt of this signed and dated form.

**CANDIDATE MAY NOT ADMINISTER MEDICATION
UNTIL EMPLOYING FACILITY HAS RECEIVED CERTIFICATE.**

Once completed and signed, submit to DCF Medication Administration Program:

Email: Med.admin@ct.gov

Fax: (860) 550-6541

Mailing Address: DCF Medication Administration Program
Health and Wellness Division
505 Hudson Street
Hartford, CT 06106

CANDIDATE'S SIGNATURE:	DATE:
FACILITY NURSE'S SIGNATURE:	DATE:
FACILITY DIRECTOR'S SIGNATURE:	DATE: