

In Home		Medication Skills Assessment		
Number:		Date Effective: 1 May 2020		
Assessment Area		Yes	No	N/A
Check that medication support is specified in the client care plan				
Seek consent and explain to client what you are going to do				
Gather equipment necessary <ul style="list-style-type: none"> • Medication pack or solutions • Drink • Tissues • Medication cup • Other • Gloves 				
Wash hands and put gloves on as required				
Check item(s) to be administered				
Ensure client is in upright position and wellbeing check is completed to ensure safety of medication swallowing				
Check 6 Rights <ol style="list-style-type: none"> 1. Right person 2. Right dosage 3. Right route 4. Right medication 5. Right time 6. Right documentation 				
Check date on Webster pack and open compartment / check date on medication box				
Assist client as required and as per medication plan to take medications in appropriate container or cup				
Provide with drink or other medium and monitor client taking medication and ensure medication swallowed				
Document medications have been taken				
Wash hands after finishing				
Can explain medication reporting process and what to report in the event there is a concern				

I have completed the Medication Skills Assessment and understand the responsibilities I have when administering medication for those clients who require assistance.

Participant Name		Position	
Participant Signature		Date:	

Supervisor

Participant is competent:	Participant is not yet competent:
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Comments (and recommendations)

Assessor Name		Position	
Assessor Signature		Date	
Office use only			
Completed form to be filed on employee personal file			
Add note to			
Forward completed and signed document to Training <Training@ahcs.org.au>			