



M 2.4

Skills Assessment: Medication Arrival

Service Location: _____

Name of staff member being assessed: _____ Assessors Name: _____

Employment commencement date: _____ Date Competency attained: _____

Assessment Item 1: Blister Pack Arrival Checklist

	Demonstration Date	1 st Observation Date	2 nd Observation Date	Date assessed Competent	Areas of need/comments /actions required	3 month assessment completed	Annual assessment Date Completed
Checks the medication is labelled with the correct name, address and date of birth as identified in the service users file							
Checks and documents one blister pack check at a time							
Checks if the service user have any known allergies to the medications supplied as identified in the service users file							
Visually inspects if the printed details on the blister pack are clearly legible							
Attaches photo identification label, visually inspects label to ensure correct photo and details are attached to corresponding blister pack							
Checks the medications are as prescribed/ratified. Checks blister pack table for medication name, dose and administration time against corresponding medical Authority Identifies corrective action required if authority is incomplete							

Identifies corrective action required if blister pack doesn't correspond to medical authorities							
Identifies and correctly attaches (where applicable) the appropriately coloured blister pack frame. Can define the difference between episodic, PRN and regular medications							
Checks the correct number of medications are in each individual blister as identified on the blister pack table							
Checks the specific descriptions of medications listed in the blister pack table match the medications in every individual blister (colour, shape, markings)							
Checks the integrity of all medications within each blister. I.e discoloured, out of shape, squashed, melted, broken into small pieces							
Checks the integrity of the Blister pack. i.e. no holes, visible moisture, cracks etc							
Checks the blister pack is labeled starting Monday to Sunday (Regular and episodic blister packs)							

Assessment Item 2: Non Blister Pack Arrival Checklist

	Demonstration Date	1 st Observation Date	2 nd Observation Date	Date assessed Competent	Areas of need/comments /actions required	3 month assessment completed	Annual assessment Date Completed
Writes the correct medication name date and time of arrival on a NON blister pack medication arrival checklis							
Writes the correct medication name date and time of arrival on a NON blister pack medication arrival checklist							
Checks the medication is labeled with the correct name, address and date of birth as identified in the service users file							
Checks if the service user have any known allergies to the medications supplied as documented in the service users file							
visually inspects printed details on the label are clearly legible							
Checks the medications have been prescribed/authorized. Compares the medications label against the Dr's authority for medication name, dose, administration times and instructions for use.							
Can identify appropriate corrective action if documentation or labelling is incomplete or inncorect							
Checks the Authority is completed and signed with all the required details including "consent sought"							

Checks the integrity of the packaging e.g leaks, splits, broken seals, expiry date							
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Outline additional actions required for areas where a staff member has requested or requires additional training and support.

Date successfully completed first assessment: _____ Coordinator/Senior Worker: _____