

**Attachment B: Medication Administration Observation**

Facility Name: \_\_\_\_\_

Facility ID: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*Observation Instructions: Make random medication observations of:*

- Several staff over different shifts and units,
- Multiple routes of administration (oral, enteral, intravenous, intramuscular, subcutaneous, topical, optical, etc.), and
- A minimum (not maximum) of 25 medication opportunities.

*Note: Do NOT preselect residents for observation. Watch and document all of the resident's medications for each observed medication administration (this does not mean all of the medications for that resident on different shifts or times).*

*Coordination Instructions: At team meetings, discuss the number of residents and opportunities observed.*

**During observation of medication administration, determine whether any of the following situations occur:**

- Incorrect medication administered to resident;
- Incorrect medication dose administered to resident;
- Medication administered without a physician's order;
- Medication not administered as ordered before, after, or with food/antacids;
- The administration of medications without adequate fluid as manufacturer specifies such as bulk laxatives, NSAIDs, and potassium supplements;
- Failure to check pulse and/or blood pressure prior to administering medications when indicated/ordered;
- Crushing tablets or capsules that manufacturer states "do not crush," such as enteric coated or time released medications;
- Medication administered after date of expiration on label;
- Medication administered to resident via wrong route;
- Prior to medication administration, nasogastric or gastrostomy tube placement not checked (**NOTE:** If the placement of the tube is not checked, this is not a medication error; it is a failure to follow accepted professional practice and should be evaluated under Tag F281 requiring the facility to meet professional standards of quality and Tag F322 requiring appropriate treatment and services for tube feedings);
- Nasogastric or gastrostomy tube not flushed with the required amount of water before and after medication administration based on the resident's clinical condition;
- Improper technique used for IV/IM/SQ injection;
- Insulin Suspensions – the failure to "mix" the suspension without creating air bubbles;
- The failure to "shake" a drug product that is labeled "shake well," such as Dilantin Elixir;
- IM/SQ injection sites not rotated;
- Transdermal patch sites not rotated;
- Inhaler medication not administered according to physician's orders and/or manufacturer's guidelines;
- Multiple eye drops administered without adequate time sequence between drops;
- Did not observe the complete medication administration process, such as leaving the medication at bedside;
- Medication administered in presence of adverse effects, such as signs of bleeding with anticoagulants.

### Medication Administration Observation

	Date/Time	Resident Name	Room/Bed	Drug / Dosage / Route <i>(oral, enteral, intravenous, intramuscular, subcutaneous, topical, optical, etc.)</i>	Adminis- tration Error	Prescriber's Order If Administration Error (Describe Error as Necessary)	Staff Name
1.					<input type="checkbox"/>		
2.					<input type="checkbox"/>		
3.					<input type="checkbox"/>		
4.					<input type="checkbox"/>		
5.					<input type="checkbox"/>		
6.					<input type="checkbox"/>		
7.					<input type="checkbox"/>		
8.					<input type="checkbox"/>		
9.					<input type="checkbox"/>		
10.					<input type="checkbox"/>		
11.					<input type="checkbox"/>		
12.					<input type="checkbox"/>		
13.					<input type="checkbox"/>		
14.					<input type="checkbox"/>		
15.					<input type="checkbox"/>		
16.					<input type="checkbox"/>		
17.					<input type="checkbox"/>		
18.					<input type="checkbox"/>		
19.					<input type="checkbox"/>		
20.					<input type="checkbox"/>		

## Medication Administration Observation

### Observation Findings

#### Calculations for Team's Combined Medication Administration Observations

- Step 1. Combine all surveyor observations into one overall calculation for the facility. Record the Total Number of Errors. Record the number of Opportunities for Errors (doses given plus doses ordered but not given).
- Step 2. Medication Administration Error Rate (%) = Number of Errors divided by Opportunities for Errors (doses given plus doses ordered but not given) multiplied by 100.
- Step 3. After the overall error rate is determined, the team will determine whether a facility citation is appropriate during the team meetings. If the Medication Administration Error Rate is 5% or greater, cite F332.  
If any one medication error is determined to be significant, cite F333.

<p><b>Total Number of Errors</b> _____ <b>* 100:</b>    <b>Medication Administration Error Rate =</b> _____ %</p> <p><b>Opportunities for Errors</b></p>
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- |  |  |             |
|--|--|-------------|
| <b>1. Does the facility ensure that it is free of medication error rates of five percent or greater?</b>                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>F332</b> |
|  |  |             |
| <b>2. Does the facility ensure that residents are free of any significant medication errors?</b>                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>F333</b> |
|  |  |             |
| <b>3. Did the facility provide medications and/or biologicals and pharmaceutical services to meet the needs of the resident?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>F425</b> |

Notes: