

Medication Administration Competency Assessment Toolkit

**For all Nurses and Mental Health
Practitioners working within Learning
Disability and Mental Health Services**

Version Control

Change Record

Date	Author	Version	Page	Reason for Change
November 2010	Rebecca Chester Jane Winson Sarah Wood	1		Version one approved - developed by Consultant Practitioner trainees
February 2014	Steve Bleakley Steve Coopey Fiona Hartfee Melanie Webb Sarah Baines	2		Buccolam added Reference to use of track an trigger tool throughout
June 2018	Melanie Webb Steve Coopey Steve Menear Juliette Wells Rebecca Henry	3		Amended competence questions and terminology to reflect changes in medicines policy (previously MCAPP)Grammatical amendments insertion of trademark logo throughout Amended to reflect changes in medicines training Sponsor names added New section: Patient Own Drugs/One Stop Medications Tablets amended to medicines throughout Calculations theory amended, questions reworded Pipothiazine Palmitate removed from calculations
January 2019	Melanie Webb Carol Adcock	4		Intramuscular (IM) Injections – theory and practical amended sections to reflect all four injection administration sites and associated administration techniques

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Guidance for Nurses & Mental Health Practitioners

This booklet is yours to keep and is your proof that you have met Southern Health NHS Foundation Trust's standard for administering medication independently. Keep it safe as when you move between clinical areas you will be asked to produce it as evidence of your achievement. Your line manager will need a copy of your completed booklet to keep in your personnel file. Once completed you must also complete the online e-verification on the LEaD training website. The document should be completed every three years.

It is essential that assessors have completed relevant medication management training in line with divisional requirements, rapid tranquilisation training (if relevant to clinical area) have knowledge of the Medicines policy (SH CP1), and be deemed competent to administer medication by their line manager.

Before you can administer medication independently you need to pass the core assessments in this pack and also the specific competencies relevant to your clinical work area. If you are not sure which competencies you need to achieve then please speak to your line manager who will advise you using the local clinical area competence identification tool (blank copy in appendix 1.) This toolkit is not designed to be an exhaustive list of all medications but as a guide to assist managers in assessing competence in administration. It is advised that areas use the blank learning contract if more specific assessment of competence is required. There is no specified time limit for completion of the toolkit.

This booklet contains both theory based and practical exercises. You are advised to prepare beforehand, but you must not bring notes with you to your formal assessments or write answers on this paperwork. It is essential to complete relevant medication management training in line with divisional requirements and read the Medicines policy as the medication competency tool is specific to medication administration and the Medicines policy provides broader guidance to staff with information on up to date procedures on prescribing, administration and control of medicines in SHFT. Further preparation will be based on local clinical need, for example; the rapid tranquilization policy, Trust training on medication etc. You may also discuss any questions you are unsure of with members of staff. Learning Disability Nurses may also have additional medication competencies which are located within clinical maps, in particular anti-convulsant medications.

You need to pass all theory questions once and will be given three attempts to do so. In addition you will be assessed on three separate occasions on your practical administration of medication and will need to pass all competencies all three times. In the event that you are unable to pass within the three attempts then you will meet with your line manager and complete the learning contract enclosed. The agreed contract will identify your learning needs and set specific goals to help you reach the desired level of competence. You will then be reassessed using the additional assessment paperwork at an agreed time.

It is your responsibility to keep up to date during this period and to work at all times within the Medicines policy and your professional code of conduct, if you have one. By signing the booklet below you are agreeing to these terms. You may be asked by your line manager to repeat the assessments at any time should concerns be expressed about your competence or should a medication error occur. *I agree to work within the terms and conditions as stated above*

Signed..... Date.....

Medication Administration Competency Passport

Staff member name:	
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Core Competencies

Competency Area	Date met	Assessor Name	Assessor Signature
Responsibilities & Ethics			
Medication Knowledge			
Calculations			
Procedure			
Controlled Drugs Theory			

Clinical area Specific (in areas required)

Competency Area	Date met	Assessor Name	Assessor Signature
Patient Own Drugs			
Controlled Drugs Practical			
Intramuscular Injections			
Oral Medications			
Rapid Tranquilisation			
Rectal Diazepam, Enemas & Suppositories			
Buccal Midazolam			
Subcutaneous -Injections & Insulin			
Subcutaneous fluids			
Syringe Drivers			
Topical Medications - Dermatological Preparations			
-Dressings			
-Eye drops, nasal sprays & ear drops			
-Inhalers & Nebulisers			
-Transdermal patches			

CORE: Responsibilities & Ethics – Theory

(Once these individual competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can accurately describe whose responsibility it is to check that a medication is prescribed safely & legally prior to administration						
Can explain which healthcare staff may hold drug keys						
Knows how to access the BNF and Medusa (injection database)						
Can explain where to find the most up-to-date copy of the Medicines policy						
Can explain what to do if asked to administer medication: <ul style="list-style-type: none"> • At dose exceeding BNF recommendations OR • Through route not specified in the BNF for drug 						
Can explain what to do if asked to leave a prepared injection or pot of medication unsupervised						
Can explain how to ensure you have the correct person to administer medications						
With regard to ethics & the law can explain: <i>(read one at a time)</i> <ul style="list-style-type: none"> • If medication may be given to a voluntary patient who is willing to take it, but lacks capacity to understand what it is for • If covert medication may be given to a person who has the capacity to decide whether or not to take it • What measures should you take if a person is unable to consent to medication 						

<ul style="list-style-type: none"> • Which medicines can be given to a person detained under the Mental Health Act (1983) who is unwilling to take medication • Where copies of MHA forms T2/T3/S62 are kept & who completes them 						
	Date: Assessor signature:		Date: Assessor signature:		Date: Assessor signature:	

CORE: Medication Knowledge – Theory *(Once these individual competencies are passed once they need not be tested again)*

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
After studying the list of medication groups below: <ul style="list-style-type: none"> • Analgesics • Antibiotics • Antidepressant Drugs • Mood Stabilisers • Antipsychotic Drugs • Anti-epileptics • Hypnotics & Anxiolytics • Anticoagulants • Laxatives • Dementia medication • Insulin • Inhalers • Antidiabetic medication • Nicotine replacement therapies • Any other deemed appropriate for area. Can explain why each might be prescribed and list some common side effects						
Can explain how to obtain up to date information about any medication						
Can describe the symptoms and management of Anaphylactic Shock						
Can describe the symptoms of neuroleptic malignant syndrome						
Can describe the symptoms of akathisia						
Can describe the symptoms of dystonic reactions						
Can describe the symptoms of tardive dyskinesia						
Can describe the symptoms of Serotonin Syndrome						
Is aware of the critical medicines list and what actions should occur if a critical medicine is omitted						
			Date: Assessor signature:		Date: Assessor signature:	

CORE: Calculations – Theory

(Once these individual competencies are passed once they need not be tested again. The assessment sheet should be given to the individual to complete and then marked by the assessor. A calculator may be used.)

	Answer (Insert here)	Correct (Tick)	Incorrect (Tick)
If a vial of IM Lorazepam contains 4mg in 1ml. how much would you draw up for a 2mg dose? How much water would you add to this?			
A vial of Zuclopenthixol Decanoate (Clopixol) contains 500mg in 1ml. A service user is prescribed a 300mg dose. How much would you draw up?			
A vial of Flupentixol Decanoate may contain between 20mg in 1ml and 200mg in 1ml depending on the preparation. A service user is prescribed a dose of 150mg. Please state the most appropriate vial to be used and how much in mls should be drawn up.			
Sodium Valproate syrup is provided in 200mg in 5mls. What would you need to give to achieve a 300mg dose ?			
What combination of tablets would be used to make 225mg of Venlafaxine XL? A) 1 tablet of 225mg B) 1 tablet of 200mg and 1 of 25mg. C) 1 tablet of 150mg and 1 of 75mg.			
Date completed:	Assessor signature:		

CORE: Procedure -Theory

(Once these individual competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain the correct course of action if the prescription chart: <ul style="list-style-type: none"> • Is missing • Is hard to read • If there are errors on the prescription chart • administration is not signed 						
Can explain the correct course of action if the prepared medication cannot be administered: <ul style="list-style-type: none"> • At the prescribed time • Immediately to the service user • The person declines their prescribed medication • The person is on leave 						
Can explain what to do if a drug administration error occurs						
Describe what should be checked on prescription charts when administering <ul style="list-style-type: none"> a) regular medication b) prn medication 						
Describe what issues should be considered before PRN medication is administered.						
Can describe ordering procedure for stock medication and / or non stock drugs						
Can describe procedures for disposal of medicines and be able to describe different types of waste bin						

(Only for inpatient areas where patient self administration used) Can describe what must happen before a service user may self administer medication						
Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe where a list of medications which can be administered at the discretion of nurses & MHPs can be found						
Can describe how smoking can affect antipsychotics, especially clozapine						
			Date: Assessor signature:		Date: Assessor signature:	

Patient Own Drugs (POD`s) and One Stop Medications Theory

(Once these individual competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain where the Patient Own Drugs(PODs) and One Stop medication guidance can be found						
Can describe the correct checks required in relation to identity of medicines, labelling and expiry dates						
Can explain the quantity of medication that can be given to the patient for short term leave						
Can explain what factors would identify that a medicine would not be of reasonable condition, and therefore not suitable for use						
Can explain which medicines / products may have different expiry dates to those on the box or container?						
Can describe the appropriate course of action that should be taken if POD`s or One Stop medications cannot be used						
Can describe the appropriate course action to take if the dose on the medicines label does not match the current prescription						
Can describe the process for the storing and recording of controlled drugs						
Can describe circumstances when a new supply should requested from pharmacy						
			Date: Assessor signature:		Date: Assessor signature:	

Controlled Drugs (CDs) – Theory *(Once individual theory competencies are passed once they need not be tested again)*

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain the procedure for ordering CDs						
Can explain the procedure for accepting and storing controlled drugs from pharmacy						
Can name the controlled drugs most likely to be used in own area and why they might be prescribed						
Can explain the procedure for administering a CD and what recording must take place						
Can explain who can be the second checker and the role of the second checker when administering CDs						
Can describe what should be done if a discrepancy is noticed between medication present and entry made in CD register						
Can describe what to do if a recording error is made in the CD register						
Can describe correct disposal procedure when: <ul style="list-style-type: none"> • A CD is out of date • An attempt has been made to administer a CD but it has been declined by service user 						
<ul style="list-style-type: none"> • Who is allowed to hold the CD keys 						
<ul style="list-style-type: none"> • Who can access the CD cupboard 						

Can describe the procedure for when a CD is signed for and the patient leaves.						
Can describe the correct procedure for discarding used controlled drug patches (e.g. Fentanyl and Buprenorphine)						
Can explain how often the CD Balance / stock take be done and who is responsible for it						
			Date: Assessor signature:		Date: Assessor signature:	

Controlled Drugs (CDs) – Practical (Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Wash hands and dry or use alcohol hand sanitiser. Prepare equipment.						
On prescription chart check: <ul style="list-style-type: none"> • Check that prescribed dose of drug due has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Form T2/T3/S62 where relevant • Drug name and strength on blister pack against information on label • For PRN time previous dose administered and total dose over the last 24 hours 						
On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 						
Before administering a Controlled Drug:						

<ul style="list-style-type: none"> Adheres to section 10.12) Medicines policy 						
Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
<ul style="list-style-type: none"> Check total amount of ward stock corresponds to the entry in the controlled drug register (CDR) Enter details in CDR with signatures of both the witness and person who is administered the drug, include: dose given, patient details, date/time of administration and remaining stock balance If the remaining volume of an oral liquid CD is less than the required dose before giving the dose, amend the CD register to reflect the actual volume with the nurse and witness signing the register. Inform the ward clinical pharmacist if any discrepancies. 						
<p>Once the medication has been administered:</p> <ul style="list-style-type: none"> Register counter-signed by witness. Drug chart signed. Details of dose given, patient details, date and time of administration and remaining stock balance to be recorded on register. CD register stored in the locked cupboard. 						
			Date: Assessor signature:		Date: Assessor signature:	

Intramuscular (IM) Injections – *Theory relates to all administration sites*

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain why it is important to obtain informed consent before giving an injection						
Can explain ways of protecting the person's privacy and dignity while administering an injection						
Can describe the four appropriate sites for injecting IM medication and explain the need for alternating sites when regular administration						
Can explain why care should be taken to avoid blood vessels and nerves						
Can explain how to check that a blood vessel has not been punctured while the needle is in situ						
Can describe how to prepare an injection of LORAZEPAM including any mixing agents						
Can explain considerations and factors when selecting needle size						
Can describe the procedure for disposal of sharps contaminated with medicines						
			Date: Assessor signature:		Date: Assessor signature:	

Intramuscular (IM) Injections – *Practical* relates to all administration sites

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Wash and dry hands or use alcohol hand sanitiser. Prepare necessary equipment						
On prescription chart check: <ul style="list-style-type: none"> • The prescribed dose of drug due has not already been given • Name/D.o.b of patient/service user • Date • Name of medication • Route. • Strength and Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Form T2/T3/S62 where relevant • For PRN check time previous dose administered and total dose over the 24 hour period 						
On vial & container check: <ul style="list-style-type: none"> • Patient name (if not stock) • Generic drug name & strength • Route & expiry date • Visual check of vial/ampoule that it has not been tampered with • Check medicine was stored as recommended, e.g. refrigerator 						

Demonstrates correct principles and practice of injection administration including correct injection technique: <ul style="list-style-type: none"> • Z track • Deltoid site • Dorsogluteal site • Ventrogluteal site • Vastus Lateralis site 						
Demonstrates appropriate disposal of equipment and post administration hygiene.						
			Date: Assessor signature:	Date: Assessor signature:		

Oral Medication -Theory

Once individual theory competencies are passed once they need not be tested again

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can discuss alternative strategies for medication administration should a person be unable to swallow tablets						
Can describe the distinguishing features of tablets which cannot be cut or crushed						
Can describe what you should do before administering DIGOXIN & why						
Can describe the protocol for the administration and monitoring of CLOZAPINE and what should be written in the care plan						
Can explain why WARFARIN is prescribed at a variable dose, and where this is recorded. Evidence that the staff member knows: 1. Target INR 2. Latest INR result 3. Latest dose 4. Date of next test						
Can explain why lithium is prescribed, what monitoring is required and what should be written in the care plan.						
Can explain the risks associated with Valproate and pregnancy and identify appropriate risk management strategies						
Can describe how to order monitored dosages systems/compliance aids, e.g. Dosett® & NOMAD® boxes						
Can name a medication that can be administered at the discretion of nurses or MHPs, and where to record that it has been given						
			Date: Assessor signature:		Date: Assessor signature:	

Oral Medication *Practical*

Competencies must be tested on all three occasions

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Wash hands and dry or use alcohol hand sanitiser . Prepare necessary equipment						
On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route • Prescribed Dose • Calculation if any • Time of administration • Expiry date • Allergies • Any additional instructions • Form T2/T3/S62 where relevant • Drug name and strength on blister pack against information on label <ul style="list-style-type: none"> • For PRN check time previous dose administered and total dose over the 24 hour period 						
On medicine label/blister pack and container check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 						
Prepare and record as appropriate						
Administer as appropriate to service user checking identity, obtaining consent and respecting dignity before moving on to next patient						
Appropriate disposal of medicines (if necessary) or other equipment used						
			Date: Assessor signature:		Date: Assessor signature:	

Rapid Tranquillisation – Theory

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe the circumstances in which rapid tranquillisation might be given						
Can describe why it is always a last resort, and what must be tried first						
Can describe the risks associated with using rapid tranquillisation						
Can explain how to access rapid tranquillisation training and the location of the policy						
Can explain why there are separate medication protocol for people under 18 years of age						
Can describe why Lorazepam IM should always be the first choice of IM medication						
Can describe potential complications between regular medication and rapid tranquillisation medication						
Can describe the monitoring that is required following rapid tranquillisation and the equipment needed to do this and where it is recorded						
			Date: Assessor signature:		Date: Assessor signature:	

Rapid tranquillisation – *Practical*

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Evidence that de-escalation techniques have been attempted and that all other strategies including attempts to use oral medication have been tried first.						
Wash hands and select appropriate equipment.						
On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route • Prescribed Dose • Calculation if any • Time of administration • Expiry date • Allergies • Any additional instructions • Form T2/T3/S62 where relevant • Drug name and strength on vial/ampoule against information on label • Check time of last dose of drug(any route) and total dose over the last 24 hours 						
Ensure correct medication is drawn up and double checked by a second person as per rapid tranquillisation guidelines.						
Respectful of dignity and explanation of procedure given to service user if appropriate to do so.						

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Ensure injection is given in appropriate site						
Ensure <ul style="list-style-type: none"> • Appropriate monitoring of service user post tranquillisation occurs fully documented on the Track and Trigger tool as per RT Policy. • care plans are in place • records are completed • Details are shared at handover 						
			Date: Assessor signature:		Date: Assessor signature:	

Rectal Diazepam and other Enemas & Suppositories – *Theory*

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe why enemas and suppositories might be given and their method of action						
Can describe why rectal DIAZEPAM might be prescribed						
Can describe how to reduce the risk of discomfort to the person and/or damage to the bowel wall during administration of any of the above						
Can describe appropriate disposal of equipment after use						
Can describe how to protect the dignity and privacy of service users during administration						
			Date: Assessor signature:		Date: Assessor signature:	

Rectal Diazepam and other Enemas & Suppositories – Practical

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Applies standard precautions for infection control and adheres to hand hygiene policy.						
On prescription chart check: <ul style="list-style-type: none"> • That prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on container against information on label <ul style="list-style-type: none"> • For PRN check time previous dose administered 						
On medicine label check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 						
Ensures the privacy and dignity of the individual is maintained.						
Prepares necessary equipment including lubricant.						
Uses administration method in line with best practice & manufacturers' guidelines.						

Procedure carried out in a respectful & dignified way, minimising pain & discomfort.						
Monitor's and records the response to the medication administered & takes any necessary action.						
			Date: Assessor signature:	Date: Assessor signature:		

Buccal Midazolam – Theory

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe situations where use of buccal Midazolam is required.						
Can describe the method of action for buccal Midazolam						
Can demonstrate knowledge of potential side effects.						
Can explain the correct storage and recording of Midazolam.						
Can describe the correct method of administration in line with manufacturer and best practice guidelines.						
Can identify the different strengths between Buccolam® and Epistatus® not sure this is still used but if it is keep in						
			Date: Assessor signature:		Date: Assessor signature:	

Buccal Midazolam – Practical

Note: This competency will be assessed in Buccal Midazolam Training
(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Is able to assess the service users need and identify when buccal Midazolam should be administered.						
On prescription chart check: <ul style="list-style-type: none"> • Check that prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • • Drug name and strength on container against information on label • For PRN check time previous dose administered 						
On medicine label/blister pack check: <ul style="list-style-type: none"> • Drug name • Drug strength • Dose (if not stock) • Patient name (if not stock) • Expiry date • Any additional instructions 						
Prepares equipment correctly and safely.						
Administers Midazolam in line with manufacturer and best practice guidelines.						

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Disposes of equipment safely.						
Monitors and records the response to the medication administered & takes any necessary action/emergency response as indicated.						
			Date: Assessor signature:		Date: Assessor signature:	

Subcutaneous (SC) Injections, including Insulin – *Theory*

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe an appropriate site for subcutaneous injection						
Can explain why INSULIN might be prescribed and its method of action						
Can describe the symptoms of hypoglycaemia and hyperglycaemia and actions needed should this occur. Should include normal ranges.						
Can describe how to monitor a person's blood sugar and where to record readings						
Can explain why on medication charts the word 'UNITS' and not 'U' must be clearly written next to the dose and what action to take if prescription not written as units.						
Can explain how to use the insulin medicines chart (if applicable)						
Can describe the correct storage and preparation of INSULIN.						
Can describe what information should be discussed in handover if an insulin dependent diabetic patient is on the ward?						
Can explain what other medicine a patient prescribed insulin must also be prescribed as PRN						
			Date: Assessor signature:		Date: Assessor signature:	

Subcutaneous (SC) Injections, including Insulin - *Practical*

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Wash hands and dry or use alcohol hand sanitiser. Prepare necessary equipment						
Check Care Plan.						
On prescription chart check: <ul style="list-style-type: none"> • that prescribed dose of drug due has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions <ul style="list-style-type: none"> • Drug name and strength on vial/cartridge/disposable pen against information on label • For PRN check time previous dose administered 						
On container label & vial, cartridge & disposable pen check : <ul style="list-style-type: none"> • Visual check of oral/ampoule that it has not been tampered with • Drug name & strength • Patient name (if not stock) • expiry date • Additional instructions e.g. shake the container • Check medicine was stored as recommended, 						

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
e.g. refrigerator						
Injection drawn up correctly and safely; correct syringe selection, removal bubbles & gloves used.						
Blood sugar level checked and within safe range for INSULIN administration of (if applicable)						
Service user fully consulted, consent sought, person given opportunity to ask questions & therapeutic environment considered						
Appropriate site chosen, area clean and good technique used. Equipment disposed of safely.						
Check/ ensure appropriate monitoring & care plan in place.						
			Date: Assessor signature:		Date: Assessor signature:	

Subcutaneous (SC) Fluids-Theory

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe in what situations SC fluids might be prescribed						
Can describe an appropriate site for administration						
Can explain why oedema might occur around a site and what to do if this occurs						
Can explain why redness and pain might occur around a site and what to do if this occurs						
			Date: Assessor signature:		Date: Assessor signature:	

Subcutaneous (SC) Fluids – *Practical*

(Competencies must each be tested on all three occasions)

Competency Ensure syringe driver training attended	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Wash and dry hands or use alcohol hand sanitiser. Select appropriate equipment & prepare area						
On prescription chart check: <ul style="list-style-type: none"> • that prescribed dose of drug due has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions <ul style="list-style-type: none"> • Drug name and strength on container against information on label 						
On fluid bag check: <ul style="list-style-type: none"> • Fluid name • Strength • Expiry date • Route • Visual check 						
Label Bag						
Set up equipment correctly, removing any air bubbles.						

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Check identity of service user, explain procedure and seek consent.						
Select appropriate site, insert needle using correct technique and secure safely.						
Set equipment to run at correct rate (as per prescription)						
Dispose of waste/equipment appropriately.						
			Date: Assessor signature:		Date: Assessor signature:	

Syringe Drivers – Theory

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain the situations in which a syringe driver might be used and why						
Can explain: (a) why a label must be attached to the syringe detailing the medication it contains. (b)What details must be recorded on the label?						
Can explain correct course of action if a syringe driver breaks or malfunctions						
Can describe correct course of action if an overdose of medication occurs						
			Date: Assessor signature:		Date: Assessor signature:	

Syringe Drivers – Practical

(Competencies must be tested on each of three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Wash and dry hands or use alcohol hand sanitiser. Select appropriate equipment						
On prescription chart check: <ul style="list-style-type: none"> • that prescribed drug(s) have not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on each injection container against information on label Check diluted with appropriate diluent						
On vial/medication check: <ul style="list-style-type: none"> • That the formulation & diluent correspond to the prescription and product information • Drug name and strength • Dose • Expiry date and route • Visual check of vial that it has not been tampered with • Medicine was stored as recommended, e.g. refrigerator 						

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Draw up prescribed dose of medication(s) into syringe using diluent as necessary and as prescribed						
Connect the syringe to the driver and set to run at required rate (as per prescription)						
<ul style="list-style-type: none"> • Ensure that syringe label reflects syringe content • check for blockages throughout duration of administration at recommended intervals • when removing old syringe check all gone and no precipitate, check site, battery check. 						
Select appropriate site, insert butterfly needle using correct technique and secure in place						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Dermatological Preparations- Theory

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe the following dermatological problems and how they might be recognised: <i>(read one out at a time)</i> <ul style="list-style-type: none"> • Inflammation • Infection • Infestation • Ulceration • Oedema • Eczema 						
Can describe the clinical indications for the use of: <i>(read one out at a time)</i> <ul style="list-style-type: none"> • Antibiotics • Antifungals • Barrier creams • Emollients • Steroid creams 						
Can describe use of topical medications administered at the discretion of the nurse / MHP						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Dermatological Preparations – *Practical*

(Competencies must each be tested on all three occasions against an appropriate care plan)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Apply standard precautions for infection control and adhere to Trust Hand Hygiene Policy & Personal Protective Clothing Policy.						
Confirms service user's identity and checks prescription, or that preparation is listed in discretionary medicines list for its intended use prior to administering topical preparations.						
Check preparation container name matches prescription or preparation listed in discretionary medicines list						
Applies topical medications in accordance with product protocol and (if applicable) the prescription.						
Applies preparation in a sensitive and dignified way, and one which minimises pain, itching or discomfort.						

Topical; Dressings – Theory

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain how dressings promote skin healing						
Can identify appropriate dressings for heavily exudating wounds						
(if used in your area) Can explain when gel dressings should be used and how often they should be changed						
Can describe how to obtain help with a complicated wound or dressing, or a wound which is not healing						
Can describe the symptoms of an infected wound and appropriate management.						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Dressings – *Practical*

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Apply universal precautions for infection control and adhere to Trust Hand Hygiene Policy & Personal Protective Clothing Policy.						
Check: <ul style="list-style-type: none"> • that dressing has not already been applied • Name of patient/service user • Name of dressing• site• Date of administration • Expiry date • Allergies • Any additional instructions • Dressing name on r pack against information on label • Frequency of dressing change advised by TVN or prescriber 						
On dressing packaging check: <ul style="list-style-type: none"> • Dressing name and strength • Patient name (if not stock) • Expiry date 						
Service user fully consulted & consent sought.						

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Clean area thoroughly using aseptic technique						
Dressing is appropriate and applied using aseptic technique and in a dignified way, minimising pain and discomfort						
Dispose of any equipment or old dressings appropriately						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Eye Preparations, Nasal Sprays & Ear Preparations – Theory

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can describe common reasons for eye preparations, nasal preparations & ear preparations being prescribed. Can explain: (a) expiry date for eye preparations once in use (b) when it is necessary to have separate containers for each eye and when and if one is needed (c) the time delay needed if patient is prescribed more than one type of eye preparation at the same time.						
Can describe standard precautions which should be taken when administering any of the above						
Can explain where and how to store eye preparations, nasal sprays and ear preparations and how to check if unsure						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Eye Preparations, Nasal Sprays & Ear Preparations - Practical

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Apply standard precautions for infection control						
On prescription chart check: <ul style="list-style-type: none"> • that prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on container against information on label. • For PRN check time previous dose administered 						
Service user fully consulted & consent sought						
Administers medication in a sensitive and dignified way, and one which minimises pain or discomfort.						
Use correct technique in application of eye drops, nasal sprays and ear drops.						
Respond appropriately to any adverse reaction.						
					Date:	

Topical; Inhalers & Nebulisers – Theory

(When individual theory competencies have been passed once they need not be tested again)

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain why metered-dose inhalers and nebulised medicines might be prescribed						
Can describe the correct technique for using a metered-dose inhaler in line with the manufacturers' guidelines.						
Can discuss alternative strategies which could be used if a service user is unable to effectively operate a metered-dose inhaler						
Can describe the correct technique for the administration of medication via a nebuliser						
Can describe the correct use of a spacer and how to maintain it.						
Can describe how to advise patients how to use (inhalation technique) dry powder inhalers compared to metered dose inhalers						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Inhalers & Nebulisers – *Practical*

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Is able to set up equipment correctly in preparation for administration.						
On prescription chart check: <ul style="list-style-type: none"> • that prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions • Drug name and strength on container against information on label • For PRN check time previous dose administered 						
On inhaler/nebuliser solution check: <ul style="list-style-type: none"> • Drug name & strength • Patient name (if applicable) • Expiry date 						
Check that prescribed dosage has been administered, with any necessary assistance or advice to service user given.						
Nebuliser used in accordance with operating instructions (if used in own area)						
			Date: Assessor signature:		Date: Assessor signature:	

Topical; Transdermal Patches – *Theory*

(Once individual theory competencies are passed once they need not be tested again)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
Can explain why transdermal patches might be prescribed						
Can describe safety precautions for the use of fentanyl and buprenorphine patches						
Can describe a common side effect which might occur						
Can describe appropriate sites for the application of transdermal patches						
Can explain why gloves should be used when handling transdermal patches						
Can describe the safe disposal of used patches						
<i>Note: If using a transdermal patch for a controlled drug (i.e. opiate based) also undertake competency tool for controlled drugs.</i>			Date: Assessor signature:		Date: Assessor signature:	

Topical; Transdermal Patches – *Practical*

(Competencies must each be tested on all three occasions)

Competency	First Assessment		Second Assessment		Third Assessment	
	Met	Not Met	Met	Not Met	Met	Not Met
<p>On prescription chart check:</p> <ul style="list-style-type: none"> • prescribed drug has not already been given • Name of patient/service user • Name of medication • Strength • Route. • Prescribed Dose. • Calculation if any. • Time of administration • Expiry date • Allergies • Any additional instructions <p>Drug name and strength on container against information on label</p>						
<p>Communicates with the service user:</p> <ul style="list-style-type: none"> • Information regarding the medication being administered • Potential adverse reactions/side effects • Action to be taken should an adverse reaction occur. 						
<p>Uses correct technique for applying transdermal patches (including selecting appropriate site & using gloves) or supervises service user doing this.</p>						
<p>Ensure appropriate removal of old patch.</p>						
			Date: Assessor signature:		Date: Assessor signature:	

Medication Administration Competency Assessment Toolkit: Verification of Competency Form

Please complete the verification of competency form with your clinical line manager.

Please note you must be assessed by an assessor if :

1. New in post or to the trust (less than 1 year)
2. If there are concerns regarding medication competency
3. If medication administration errors have occurred
4. Or if you are a nurse or MHP whose role involves the administration of medication and have not completed or are not up to date with required medicines training.

Self Assessment

If you have undertaken a self assessment please tick this box.

Please confirm that you have completed required medicines management training

and Rapid Tranquilisation

Competency Area	Required for Clinical Area of Practice Yes/No	Verification of competence: Self Assessed	Verification of competence: Assessor	Date
CORE				
Responsibilities & Ethics	Yes			
Medication Knowledge	Yes			
Calculations	Yes			
Procedure	Yes			
Controlled Drugs (Theory)	Yes			
CLINICAL AREA SPECIFIC				
Patient Own Drugs				
Controlled Drugs (Practical)				
Intramuscular Injections				
Oral Medications				
Rapid Tranquilisation				
Rectal Diazepam <i>and other</i> Enemas & Suppositories				
Buccal Midazolam				
Subcutaneous				
- Injections including Insulin				
- fluids				
Syringe Drivers				
Topical Medications				
- Dermatological Preparations				
- Dressings				
- Eye <i>preparations</i> , nasal sprays & ear <i>preparations</i>				
- Inhalers & Nebulisers				
- Transdermal patches				

Declaration of Competence	Print Name	Signature	Date	Directorate
I declare that I am compliant with the Medicines Policy and I verify that I am confident and competent in the medication management competencies identified above				
I confirm that I have assessed the above named individual and I can verify that he/she demonstrates competence in the medication management competencies identified above.				
OR I confirm that the above named individual has undertaken a self-assessment of the medication management competencies above, including drug calculations and he/she is confident and competent in the medication management competencies identified above.				

Please retain a copy of this form in your personnel file and complete the e-verification of medicines management competency framework on the LEaD training website

Medication Administration Competency Assessment Toolkit: Verification of Competency Form

Reassessment – three yearly requirement

Please note you must be re- assessed by an assessor :

1. Three yearly
2. If there are concerns regarding medication competency
3. If medication administration errors have occurred
4. Or if you are a nurse or MHP whose role involves the administration of medication and have not completed or are not up to date with required medicines training.

Self Assessment

If you have undertaken a self assessment please tick this box.

Please confirm that required medication training is up to date

Competency Area	Required for Clinical Area of Practice Yes/No	Verification of competence: Self Assessed	Verification of competence: Assessor	Date
CORE				
Responsibilities & Ethics	Yes			
Medication Knowledge	Yes			
Calculations	Yes			
Procedure	Yes			
Controlled Drugs (Theory)	Yes			
CLINICAL AREA SPECIFIC				
Patient Own Drugs				
Controlled Drugs (Practical)				
Intramuscular Injections				
Oral Medications				
Rapid Tranquilisation				
Rectal Diazepam <i>and other</i> Enemas & Suppositories				
Buccal Midazolam				
Subcutaneous				
- Injections including Insulin				
- fluids				
Syringe Drivers				
Topical Medications				
- Dermatological Preparations				
- Dressings				
- Eye <i>preparations</i> , nasal sprays & ear <i>preparations</i>				
- Inhalers & Nebulisers				
- Transdermal patches				

Declaration of Competence	Print Name	Signature	Date	Directorate
I declare that I am compliant with the Medicines Policy and I verify that I am confident and competent in the medication management competencies identified above				
I confirm that I have assessed the above named individual and I can verify that he/she demonstrates competence in the medication management competencies identified above.				
<p>Or</p> <p>I confirm that the above named individual has undertaken a self-assessment of the medication management competencies above, including drug calculations and he/she is confident and competent in the medication management competencies identified above.</p>				

Please retain a copy of this form in your personnel file and complete the e-verification of medicines management competency framework on the LEaD training website

APPENDICES

Appendix 1: Clinical Area Competence Identification Tool

Name of Clinical Area:	
Directorate	
Ward / Team Manager Signature and date:	

(To be completed by Ward Manager/Team Manager)

Competency Area	Required
Responsibilities & Ethics	√
Medication Knowledge	√
Calculations	√
Procedure	√
Controlled Drugs (Theory)	√

Competency Area	Required for Nurses	Required for MHPs
Patient Own Drugs		
Controlled Drugs (Practical)		
Intramuscular Injections		
Oral Medications		
Rapid Tranquilisation		
Rectal Diazepam, Enemas & Suppositories		
Buccal Midazolam		
Subcutaneous -Injections including Insulin		
- fluids		
Syringe Drivers		
Topical Medications - Dermatological Preparations		
-Dressings		
-Eye preparations, nasal sprays & ear preparations		
-Inhalers & Nebulisers		
-Transdermal patches		

Appendix 2: Additional Assessment – *Theory* (Complete if referred)

(Competencies must be repeated until correct)

Unmet Competency (please enter below)	Assessment No.		Assessment No.		Assessment No.	
	Met	Not Met	Met	Not Met	Met	Not Met
			Date: Assessor signature:		Date: Assessor signature:	

Appendix 3: Additional Assessment – *Practical* (Complete if referred)

(Competencies must be tested until correct at least 3 times in total)

Unmet Competency (please enter below)	Assessment No.		Assessment No.		Assessment No.	
	Met	Not Met	Met	Not Met	Met	Not Met
			Date: Assessor signature:		Date: Assessor signature:	

Appendix 4: Learning contract / Areas for further development

(Optional – But compulsory if referred)

(Competencies must each be tested on all three occasions)

	Agreed Action	By when	Signed
			Signature: Name Date Signature assessor: Name Date:
			Signature: Name Date Signature assessor: Name Date:
			Signature: Name Date Signature assessor: Name Date:
			Signature: Name Date Signature assessor: Name Date: