



TRAINEE TASK RECORD: Medication Aide Training Program

Trainee's Name: _____

Place a check beside the task to indicate that the trainee has performed the task in an acceptable manner; that is, achieving an acceptable rating on each component of a rating sheet or check list, or achieving the accuracy standard designed for written evaluation. The instructor's initials and the date should be placed beside the check. Check for acceptable performance.

DUTY AREA 1: Preparing to Function Effectively as a Medication Aide

Tasks:	Instructor's Initials and Date
1.1 Understanding the implications of client/resident rights regarding medications, treatment decisions, and confidentiality.	_____
1.2 Recognize emergencies and other health-threatening conditions and respond accordingly.	_____
1.3 Identify medication terminology and abbreviations.	_____
1.4 Identify classes of medications.	_____
1.5 Assisting with the administration of psychotropic drugs.	_____

DUTY AREA 2: Maintaining Aseptic Conditions

Tasks:	Instructor's Initials and Date
2.1 Implement standard precautions.	_____
2.2 Clean and disinfect storage area, cart, etc.	_____
2.3 Identify medication terminology and abbreviations.	_____

DUTY AREA 3: Facilitating Client/Resident's Self-Administration of Medicine or Assisting with Medication Administration

Tasks:	Instructor's Initials and Date
3.1 Review administration records and doctor's orders.	_____
3.2 Maintain client/resident medical records according to designated policy in the process of sharing information with doctors and pharmacists.	_____



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DUTY AREA 3: Facilitating Client/Resident’s Self-Administration of Medicine or Assisting with Medication Administration (CONTINUED FROM PREVIOUS PAGE)

Tasks:	Instructor’s Initials and Date
3.3 Prepare medication administration records and other medication forms according to designated procedures.	_____
3.4 Facilitate client/resident’s awareness of medication purposes and effects.	_____
3.5 Assist client/resident to interpret medication labels.	_____
3.6 Demonstrate the five rights of medication administration.	_____
3.7 Follow proper procedure for pouring/preparing medication.	_____
3.8 Measure and record vital signs and assist client/resident in the decision to administer medication.	_____
3.9 Assist client/resident to administer oral medications and documentation of medication administration.	_____
3.10 Report and document a client/resident refusal to take medication.	_____
3.11 Document medication errors.	_____
3.12 Store and secure all medications	_____
3.13 Maintain an inventory of medications.	_____
3.14 Dispose of medications.	_____

DUTY AREA 4: Assisting Client/Resident with Self-Administration of Prepared Instillations and Treatments

Tasks:	Instructor’s Initials and Date
4.1 Assist client/resident to administer eye drops and ointments.	_____
4.2 Assist client/resident to administer ear drops.	_____
4.3 Assist client/resident to administer nasal drops and nasal sprays.	_____
4.4 Assist client/resident to administer topical medications.	_____
4.5 Assist client/resident to administer compresses and dressings.	_____
4.6 Assist client/resident to administer rectal and vaginal products.	_____
4.7 Assist client/resident with soaks and sitz baths.	_____



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SOCIAL SERVICES

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DUTY AREA 4: Assisting Client/Resident with Self-Administration of Prepared Instillations and Treatments (CONTINUED FROM PREVIOUS PAGE)

Tasks:	Instructor's Initials and Date
4.8 Assist client/resident with inhalation products.	_____
4.9 Assist client/resident with oral hygiene products.	_____
4.10 Assist client/resident with transdermal patches.	_____
4.11 Assist client/resident in the use of nebulizers.	_____
4.12 Assist client/resident in the use of EpiPen®.	_____

DUTY AREA 5: Assisting the Diabetic Client/Resident, preparing and injecting Insulin

Tasks:	Instructor's Initials and Date
5.1 Understand the basic facts about diabetes.	_____
5.2 Become familiar with the activities involved in the management of diabetes.	_____
5.3 Recognize the signs and symptoms of hyperglycemia.	_____
5.4 Assist client/resident with a finger stick or blood glucose monitoring.	_____
5.5 Assist client/resident with insulin injections.	_____

WRITTEN TEST: _____ PRACTICAL (demonstration) TEST: _____

I understand these tasks and procedures and feel comfortable performing them.

Student Comments:

Student Signature

Date

Instructor's Signature

Date

Administrator's Signature (optional)

Date

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Individuals and Communities*