



COMPETENCY OBJECTIVES

NAME: SN L VARGHESE

MENTOR: SN F SHAW

Signature: _____

Signature: _____

COMPETENCE	KEY OBJECTIVES	ACHIEVE BY	MEASUREMENT CRITERIA	ABLE TO DISCUSS RATIONALE DATE & SIGN	DEMONSTRATES UNDER SUPERVISION DATE & SIGN	DEMONSTRATES INDEPENDENT SAFE PRACTICE DATE & SIGN
Administration of medicines	Establish competency	3 months	<ul style="list-style-type: none"> • Questions appropriateness of prescription , or container if information is illegible, unclear, ambiguous or in complete. • Able to ascertain patients identity. • Demonstrates an understanding of common usage drugs and those particular to clinical area. • Demonstrates an understanding of how those drugs interact with human, physiological, biochemical and metabolic processes. • Able to administer safely a range of medication in a variety of ways. • Able to administer safely controlled drugs. • Able to state the action to be taken in the event of a drug or dosage error. Able to describe the signs and symptoms and management of anaphylactic shock. • Demonstrate knowledge of the national and local policy in relation to nurse prescribing. • Able to make clear accurate & contemporaneous records of medicines administered or withheld. • Demonstrates an understanding of under which circumstances a refusal to administer medication should be made and the appropriate action. • Demonstrates an understanding of the appropriate course of action if the prepared medication cannot be administered: <ul style="list-style-type: none"> a. at the prescribed time b. directly to the patient 			

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Administration of medicines (continued)	Establish competency	3 months	<ul style="list-style-type: none"> • Able to describe/demonstrate the appropriate action if asked to: <ul style="list-style-type: none"> a. prepare substances for injection in advance of their immediate use b. administer a medication not prepared by him/her in him/her presence c. take over responsibility for the care of a continuous infusion d. educate patients with respect to their medication e. administer a medication on verbal instructions • Able to describe/demonstrate the appropriate action if a patient refuses medication. • Able to describe/demonstrate an appropriate action if doses or routes of administration are considered inappropriate or outside the product licence. • Able to account for responsibilities in law, as set out by the UKCC standards and local policies. • Able to describe responsibilities for safe storage. • Demonstrates a knowledge of routes of administration. • Demonstrates competent drug calculation. • Demonstrates an ability to scrutinise, understand and follow prescribed instructions. • Able to identify:- <ul style="list-style-type: none"> Dose Administration method Route Time 			

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				DATE & SIGN	DATE & SIGN	DATE & SIGN
Administration of medicines (continued)	Establish competency	3 months	<ul style="list-style-type: none"> • Able to follow information on the relevant containers and check expiry dates. • Able to administer medication via: S/C I/M Syringe Driver NG/PEG • Able to demonstrate correct procedure for setting up: Syringe Driver Feeding Pump 			

Fareham and Gosport **NHS**
Primary Care Trust

ADMINISTRATION OF MEDICINES
COMMUNITY HOSPITALS – ASSESSMENT FOR QUALIFIED NURSES

Measurement Criteria	Competent		Comments
	Yes	No	
Produce copy of NMC guidelines			
Show evidence of understanding of guidelines via questioning			
Show evidence of knowledge of what constitutes a legal prescription			
Outline checking procedures for non-controlled and controlled medicine			
Demonstrate evidence of knowledge of the side effects of commonly used drugs currently on the trolley			
Demonstrate evidence of knowledge of doses and strength of commonly used drugs			
Identify sources of drug information			
Identify process to be followed in the event of a drug error			
Complete minimum of one supervised drug round without error			
Demonstrate knowledge of the safe storage of drugs			

Name: _____

 Passed

Failed

Date: _____

P.T.O.

Report

Name of Nurse: _____

Ward: _____

Date of Assessment: _____

Name of Assessor: _____

Signature of Assessor: _____

Name of Nurse: _____

Fareham and Gosport **NHS**

Primary Care Trust

ADMINISTRATION OF MEDICINES COMMUNITY HOSPITALS - ASSESSMENT FOR QUALIFIED NURSES

Measurement Criteria	Competent		Comments
	Yes	No	
Produce copy of UKCC guidelines			
Show evidence of understanding of guidelines via questioning	✓		
Show evidence of knowledge of what constitutes a legal prescription	✓		
Outline checking procedures for non-controlled and controlled medicine	✓		
Demonstrate evidence of knowledge of the side effects of commonly used drugs currently on the trolley	✓		
Demonstrate evidence of knowledge of dose and strength of commonly used drugs	✓		
Identify sources of drug information	✓		
Identify process to be followed in the event of a drug error	✓		
Complete minimum of one supervised drug round without error	✓		
Demonstrate knowledge of the safe storage of drugs	✓		

Name: Leena Varghese

Passed



Failed

Date: 12/12/03

P.T.O.

Report

Name of Nurse: Leara Vergheze

Ward: DRYAD WARD

Date of Assessment: 12/12/03

Leara is a very competent nurse, who has now undertaken several drug rounds with myself and other senior members of the ward team. She is confidently able to undertake a drug round and can display a good ~~solid~~ knowledge of many of the medications used on the ward. If she cannot identify medications she is competent in finding the correct user, using literature and resources available.

Name of Assessor: H.T. Russell

Signature of Assessor: **Code A**

Name of Nurse: Leara Vergheze