

Validation Trainer Name: _____

Trainer Number: _____

Validation Trainer Training Tool

1. Trainer given copy of 65G-7 and all attachments and forms.....
 - a. Review of all forms and when they are required.....
2. Trainer given copy of written Basic Medication Administration Training Curriculum and the Prescribed Enteral Formula Administration Training Curriculum for reference.....
3. Discuss 65G-7:
 - a. Definition of Validation:
 - i. On-site, in person
 - ii. By simulation (3 routes, one time only)
 - b. Definition of Validation Trainer.....
 - c. Definition of MAP.....
 - d. Authorization and Informed Consent requirements (forms).....
 - e. Requirement for Training – must have certificate for Basic Medication Administration Training or Prescribed Enteral Formula Administration to attempt validation
 - i. Initial validation – must be within 180 days of training
 - ii. Annual revalidation – must be within 60 days of training
 - f. Validation for Basic Medication Administration must include demonstration of ability to:
 - i. Comprehend and follow medication instructions on a prescription label or physician's order or prescription
 - ii. Properly complete a MAR form
 1. Transcription from prescription or order to MAR
 2. Discontinuing medication on MAR
 3. Documenting medication administration
 4. Documenting missed medications
 - iii. Obtain pertinent information about medications given (knows where to find it – usually pharmacy monograph)
 1. Purpose of the medication for this client
 2. Common side effects
 3. Symptoms of adverse reaction to medications
 - iv. Write legibly and convey accurate information that ensures
 1. Health, safety, and well-being of clients
 2. Compliance with medication administration record-keeping requirements (knowledge of all needed forms and their uses)
 - v. Knowledge of proper storage
 1. Handling and disposal of medications
 2. Special requirements for controlled medications (accountability, double lock)
 - vi. Use correct positioning and adaptive equipment
 1. Use of special techniques required for proper administration of medication
 - vii. Communicate in a manner that permits healthcare providers and emergency responders to adequately and quickly respond to emergencies
 - viii. Correctly administer medication to a client by each route validated
 1. If there is no client available receiving medication by a certain route, the MAP may not obtain validation on that route (unless it is otic, transdermal, topical, which can be simulated)

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- g. Validation for Prescribed Enteral Formula Administration must include demonstration of ability to:
 - i. Comprehend and follow instructions on a physician's order or prescription for prescribed enteral formula administration.....
 - ii. Properly complete a MAR form
 - 1. Transcription from prescription or order to MAR
 - 2. Documenting prescribed enteral formula administration
 - iii. Knowledge of proper storage
 - 1. Handling and storage of enteral formulas
 - iv. Use correct positioning and adaptive equipment
 - 1. Use of special techniques required for proper administration of enteral formulas
 - 2. Bolus and gravity administration
 - 3. Administration by pump
 - 4. Types of tubes – remember that G/J is not permitted for formula administration by MAPs
 - v. Flushing techniques.....
- 4. Filling out the Basic Medication Administration Validation Certificate
 - a. Provide Trainer with an example of a filled-out form.....
 - b. Give Trainer a blank form and go thru a mock validation, having the Trainer fill out the form, discuss questions
 - c. Entire first section of the form must be filled out.....
 - d. Primary Route for Basic Medication Administration – must be oral or enteral, circled on the validation certificate. MAP should choose the route they use most for their primary route
 - e. Routes must be initialed and dated
 - i. May bring forward previous dates for otic, transdermal, topical – these don't require annual validation
 - f. All check boxes below routes must be assessed and checked for validation to be complete ...
 - g. Initial validation trainer signs in the first box at the top of the page. Trainers for subsequent route validations sign in spaces provided at the bottom of the form
- 5. Filling out the Prescribed Enteral Formula Administration Validation Certificate
 - a. Provide Trainer with an example of a filled-out form.....
 - b. Give Trainer a blank form and go thru a mock validation, having the Trainer fill out the form, discuss questions
 - c. All check boxes in second section must be assessed and checked for validation to be complete

Name of MCM: _____ Date of Training: _____