**Medication Management Competency**

Post Test – Licensed Nurse

**LICENSED NURSE POST TEST FOR MEDICATION MANAGEMENT**

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| **Question: True or False or As Indicated** | **Answer** |
| 1. Prior to administering medication, you should check the following “rights”: 2. Route 3. Resident 4. Time 5. Dose 6. Medication 7. Reason 8. Documentation 9. All the above |  |
| 1. You should identify the resident via wristband or photo ID or enter facility specific prior to administering medication |  |
| 1. Prior to administering specific medications, it is necessary to perform evaluations e.g., BP, P and or AP, respirations, blood sugar |  |
| 4. The IDT, Physician, Resident and/or Resident Representative should ALL participate in the care process of the resident’s medication management needs |  |
| 5. The medication cart should be locked before entering a resident room or when cart is not in attendance to prevent accidental resident ingestion of medication and/or diversion of medication |  |
| 1. The Medication Regimen Review report completed by the DON identifies irregularities and recommendations |  |
| 1. It is important to monitor (and document) for the effectiveness of the medication as well as any adverse consequences or side effects |  |

Employee Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_