DSHS
WASHINGTON STATE Department of Social and Health Services

AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)

Medication Assistant Endorsement

For use during Recertification Surveys of Nursing Homes

FACILITY NAME
SURVEYOR'S NAME
DATE

☐ **Check here if the facility does not have any Medication Assistants and skip the rest of this form.**

Instructions

The sample should include three medication assistants, if available.

- Conduct observations of medication administration and/or treatment administration to ensure the medication assistant(s) are working within the defined scope of practice, under RN supervision, documenting their work and, when assigned as a medication assistant, performing only medication assistant tasks. Perform medication administration observations as part of the LTCSP medication administration pathway, if able.
- Interview the medication assistant(s) and designated RN(s) to confirm observations.
- Review medication and/or treatment records.
- Review medication reconciliation documents to ensure appropriate handling of scheduled medications.
- While reviewing the state task, "Staff Qualification and Background," include one medication assistant.

Medication Assistant Sample

1. Name: _____ Date of Hire: _____
2. Name: _____ Date of Hire: _____
3. Name: _____ Date of Hire: _____

Supervision (WAC 246-841-589 (1)(2))

1) A medication assistant working in a nursing home shall only accept direction to perform medication administration and prescriber ordered treatments from a designated registered nurse (RN) within the medication assistant's scope of practice, education, and demonstrated competency.

2) It is the responsibility of the designated RN to assess the individual needs of each resident and determine that the direction of medication administration or selected treatment tasks poses minimal risks to each resident. The designated RN determines the frequency of resident assessments and decides the number and types of medications to be administered.

- **Is the medication assistant working under the supervision of a RN?** ☐ **Yes** ☐ **No**

Sole Duty (WAC 246-841-589(5):

5) Performance of the tasks identified in subsection (1) of this section will be the sole work assignment to the medication assistant.

- **Is the medication assistant performing only medication assistant assignments during their shift?** ☐ **Yes** ☐ **No**

DSHS WASHINGTON STATE Department of Social and Health Services

AGING AND LONG-TERM SUPPORTADMINISTRATION (ALTSA)

Medication Assistant Endorsement

For use during Recertification Surveys of Nursing Homes

FACILITY NAME
SURVEYOR'S NAME
DATE

Scope of Practice (WAC 246-841-589 (3) (6)):

3) The medication assistant under the direct supervision of a registered nurse in a nursing home, **may**:

(a) Administer over-the-counter medications;

(b) Administer legend drugs, with the exception of chemotherapeutic agents and experimental drugs;

(c) Administer schedule IV and V medications orally, topically, and through inhalation;

(d) Perform simple prescriber-ordered treatments which include blood glucose monitoring, noncomplex clean dressing changes, pulse oximetry readings, and oxygen administration.

6) A medication assistant **may not** perform the following tasks:

(a) Assessment of resident need for, or response to medication;

(b) Acceptance of telephone or verbal orders from prescribers;

(c) Conversion or calculation of drug dosages;

(d) Injection of any medications;

(e) Administration of chemotherapeutic agents and experimental drugs;

(f) Performance of any sterile task or treatment;

(g) Medication administration through a tube;

(h) Administration or participation in the handling, including counting or disposal, of any schedule I, II, or III controlled substances;

(i) Participation in any handling, including counting or disposal, of schedule IV and V controlled substances other than when administering these substances as authorized by subsection (3)(c) of this section;

(j) Performance of any task requiring nursing judgment, such as administration of **as necessary or as needed (prn)** medications.

- **Is the medication assistant working within their scope of practice?** ☐ **Yes** ☐ **No**

DOCUMENTATION (WAC 246-841-589(4):

4) The medication assistant shall document accurately the administration of medication and performance of resident treatments that he or she undertakes into the resident's medical records on facility-approved forms.

- **Is the medication assistant documenting medication administration and treatments accurately?** ☐ **Yes** ☐ **No**

NOTES