



INSULIN MED ADMINISTRATION OBSERVATION REPORT (F759/F760)

| Facility Name: | | | | Station(s): | |
|--|---|-----|---------|-------------|---|
| Shift(s): | | | | Date(s): | |
| Staff Name(s)/Title: | | | | | |
| Code # | TECHNIQUES OBSERVED | Met | Not Met | N/A | REVIEWER NOTES |
| 1 | Med cart: no missing supplies or expired; clean, visible or locked | | | | |
| 2 | Resident properly identified before administration. | | | | |
| 3 | Resident privacy maintained and positioned properly. | | | | |
| 4 | Check prescriber's orders. For meds with parameters , blood sugar taken prior to admin. | | | | |
| 5 | Correct administration time (AC, PC, w/ meals if applicable) | | | | |
| 6 | Items dated when open | | | | |
| 7 | Obtain pen device or vial. Check expiration date. If refrigerated, allow warming to room temp. Date vial/pen after first use if required. | | | | |
| | Perform hand hygiene | | | | |
| 8 | Prepare injection | | | | |
| | - Check label to assure correct insulin | | | | |
| | - Determine correct amount of insulin to be given (dose) | | | | |
| 9 | PEN: Prepare pen and safety needle | | | | |
| | - Remove cap | | | | |
| | - Clean rubber stopper w/alcohol prep | | | | |
| | - Attach needle to pen *use new needle for each injection | | | | |
| | - Remove needle cap | | | | |
| | - Check the flow by performing an "air shot" - turn dose selector to 2 units. Hold pen upright and tap cartridge gently to move bubbles to top. Press button all the way in until dose selector back to zero. A drop of insulin should appear at tip of needle. Repeat if needed. | | | | |
| | VIAL: Prepare vial and syringe | | | | |
| | - Rotate vial of insulin if appropriate per type. Gently mix/do not shake. | | | | |
| | - Clean rubber stopper w/alcohol prep | | | | |
| 10 | PEN: Dial correct dose on pen, select dose by turning dosage selector | | | | |
| | VIAL: Inject same volume of air as volume of insulin and withdraw ordered dosage of insulin. Create air lock in syringe by pulling small amount of air into syringe. Recap needle using safety device. Return vial to cart. | | | | |
| 11 | Put on gloves | | | | |
| 12 | Check last site of injection and select a new appropriate site for injections | | | | |
| 13 | Cleanse injection site with antimicrobial agent. Allow to dry. | | | | |
| 14 | PEN: Insert needle into skin at 90-degree angle | | | | |
| | VIAL: Expel air from syringe. Grasp and pinch skin around injection site and insert needle quickly. Release skin. | | | | |
| 15 | Injection insulin slowly. If using a pen, leave needle in skin for several seconds (10 seconds) after injection with finger on the plunger or per manufacturer recommendation. | | | | |
| 16 | Remove needle and apply firm pressure over site to prevent seepage, if required. Do not rub area. | | | | |
| 17 | Engage safety device and discard needle or syringe in appropriate syringe disposal container. | | | | |
| 18 | Remove gloves and perform hand hygiene | | | | |
| 19 | Medication record is charted consistently/per P&P. | | | | |
| 20 | Medications are not left on top of cart or at resident's bedside . | | | | |
| 21 | Refused /withheld medications are properly noted. | | | | |
| 22 | MARs closed or covered to protect resident's health info. | | | | |
| 23 | Other: | | | | |
| Note possible overlap with other regs (F755, F658, F880) | | | | | <div> <div> TOTAL NO. OF ERRORS (sig +non-sig) <div></div> </div> <div> TOTAL NO. OF DOSES GIVEN (Doses Given + Doses Ordered But Not Given) <div></div> </div> <div> = <div></div> </div> <div> % Error Rate <div></div> </div> </div> |
| | | | | | Observer's Signature/Title: |