



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
Limited Lay Administration of Medications (LLAM)

Supervised Field Medication Pass Observation Form

OBSERVED STAFF: _____ SITE: _____

DATE: _____ TIME: _____ OBSERVATION #: _____

STEPS	SATISFACTORY	NOT SATISFACTORY	COMMENTS
1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol.			
2. Complete hand hygiene.			
3. Gather supplies.			
4. Review the MAR for medication(s) due (name, dosage, purpose and possible side effects) and allergy status.			
5. Identify right individual according to agency policy.			
6. Explain procedure to the individual.			
7. Prompt/assist the individual to complete hand hygiene.			
8. Provide for privacy.			
9. Prepare adequate fluids/food for medication administration.			
10. At the right time , unlock storage area, obtain the right medication , and compare the prescription label to the MAR to make sure they match. Check expiration dates (First Check).			
11. Before pouring or removing medication from the package, check the prescription label against the medication order to make sure they match (Second Check).			
12. If prescription label, medication order and MAR do not match, STOP and notify supervisor. Do not give medication until problem is resolved.			
13. Prepare the medication. Do not touch medications with hands. Initial and date beside each blister.			

STEPS	SATISFACTORY	NOT SATISFACTORY	COMMENTS
14. After preparing the medication but before administering, compare the pharmacy label to the MAR again to make sure they match (Third Check).			
15. Crush oral medications only with direction received in prescribing practitioner's order. Notify prescribing practitioner if individual cannot swallow medication as ordered.			
16. Measure liquid with appropriate measuring device and read the amount of medication in container on a flat surface at eye level. Wipe the rim of bottle with clean paper towel after pouring. Stop if unsure about the measurement and notify Supervisor.			
17. Assist individual to an upright position to prevent choking.			
18. Administer the medication using 5 of the 6 rights (right individual, right medication, right dose, right route, and right time) one hour before to one hour after scheduled time.			
19. Observe the individual taking medication. Never leave individual during administration. Medication is never left unattended.			
20. Document medication administration on MAR (6th right).			
21. Return and lock medication in designated storage area.			
22. Complete hand hygiene.			
23. State who to contact for medication questions.			
24. Describe the process to follow for medication error reporting.			
25. State the 6 rights of medication administration.			

Medication Type: Oral Topical Ear Eye Vaginal/Rectal

Observer Name & Title: _____

Signature of Observer: _____

One Medication Pass=One pass per medication assistance time. The number of individuals or the number of sites for which assistance is provided is irrelevant. For example: One individual receiving medications at 4PM and 8PM provides the opportunity for 2 observations to be completed.