



DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
Shared Living Medication Administration (SLMA)

Supervised Medication Pass Observation Form

SHARED LIVING PROVIDER OBSERVED: _____

DATE: _____ **TIME:** _____ **OBSERVATION #:** _____

STEPS	SATISFACTORY	NOT SATISFACTORY	COMMENTS
1. Identify individual receiving medication.			
2. Complete hand hygiene.			
3. Gather equipment/supplies.			
4. Review the MMR for medication(s) due (name, dosage, purpose, and possible side effects) and allergy status.			
5. Read the pharmacy label. Remember the 6 rights. FIRST CHECK			
6. Read the pharmacy label and check for any special instructions or precautions, i.e. crush, give with food, etc. SECOND CHECK			
7. Prepare an accurate dose, making sure it is the right dose and the right strength. Check the pharmacy label. Remember the 6 rights. THIRD CHECK			
8. Administer medication to the right individual by the right route.			
9. Observe the individual taking medication. Never leave individual during administration. Medication is never left unattended.			
10. Return the medication to the locked storage area.			
11. Complete hand hygiene.			
12. Observe individual for any unusual or adverse effects.			
13. State who to contact for medication questions.			
14. Describe the process to follow for medication error reporting.			

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 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.