

10A NCAC 13G .0503 MEDICATION ADMINISTRATION COMPETENCY EVALUATION

(a) The competency evaluation for medication administration shall consist of a written examination and a clinical skills validation to determine competency in the following areas:

- (1) medical abbreviations and terminology;
- (2) transcription of medication orders;
- (3) obtaining and documenting vital signs;
- (4) procedures and tasks involved with the preparation and administration of oral (including liquid, sublingual and inhaler), topical (including transdermal), ophthalmic, otic, and nasal medications;
- (5) infection control procedures;
- (6) documentation of medication administration;
- (7) monitoring for reactions to medications and procedures to follow when there appears to be a change in the resident's condition or health status based on those reactions;
- (8) medication storage and disposition;
- (9) rules pertaining to medication administration in adult care facilities; and
- (10) the facility's medication administration policy and procedures.

(b) An individual shall score at least 90% on the written examination which shall be a standardized examination established by the Department.

(c) Verification of an individual's completion of the written examination and results can be obtained at no charge on the North Carolina Adult Care Medication Aide Testing website at <https://mats.ncdhhs.gov/test-result>.

(d) The clinical skills validation portion of the competency evaluation shall be conducted by a registered nurse or a licensed pharmacist and who has a current unencumbered license in North Carolina. The registered nurse or licensed pharmacist shall conduct a clinical skills validation for each medication administration task or skill that will be performed in the facility. Competency validation by a registered nurse is required for unlicensed staff who perform any of the personal care tasks related to medication administration listed in Subparagraphs (a)(4), (a)(7), (a)(11), (a)(14), and (a)(15) as specified in Rule .0903 of this Subchapter.

(e) The Medication Administration Skills Validation Form shall be used to document successful completion of the clinical skills validation portion of the competency evaluation for those medication administration tasks to be performed in the facility employing the medication aide. The form requires the following:

- (1) name of the staff and adult care home;
- (2) satisfactory completion date of demonstrated competency of task or skill with the instructor's initials or signature;
- (3) if staff needs more training on skills or tasks, it should be noted with the instructor's signature; and
- (4) staff and instructor signatures and date after completion of tasks.

Copies of this form and instructions for its use may be obtained at no cost on the Adult Care Licensure website, <https://info.ncdhhs.gov/dhsr/acls/pdf/medchk1st.pdf>. The completed form shall be maintained and available for review in the facility and is not transferable from one facility to another.

History Note: Authority G.S. 131D-2.16; 131D-4.5; 143B-165;
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