



ARCIS Skills Checklist for RN/LVN Associates Bar Code Medication Administration (BCMA)

Name _____ Department _____

The following tasks will be reviewed during the orientation period. Training materials are located in each nursing department and on Intranet.

Signature _____ **Date** _____

Competency assessed through direct/ random observation, validation scenarios, and or Q/A sessions. Place check mark or N/A (not applicable) in status column.

Skill	Met	Not Met
Use of Scanning Device		
Demonstrates correct use of bar code scanning device		
<ul style="list-style-type: none"> • Appropriate distance from bar code • Scan account number on patient wrist band • Scan product code on medication to be administered • Correct placement of scanning device into charger 		
Troubleshooting Scanning Device		
Demonstrates ability to troubleshoot problems for scanning device		
<ul style="list-style-type: none"> • Assess for charge • Process for non-functioning scanner <ul style="list-style-type: none"> ○ Work order for IT to repair scanner • States process for re-printing patient wrist bands in AS400/MS4 		
Medication Administration		
Documents the following medication types/situations:		
<ul style="list-style-type: none"> • Whole tablet • Split tablet • Multiple component • Bulk (artificial tears, ointments) • High Risk- Verification required • Non-Formulary / Patient's own medication • Pharmacy generated label • Conditional Orders: Start if and Hold if • Sliding Scale w/fingersticks blood glucose <ul style="list-style-type: none"> ○ Floor Stock and Bulk Insulin • Remove medication from a list of selected or scanned medications. 		

Skill	Met	Not Met
Resolution of Alerts		
States process for resolution of following alerts:		
<ul style="list-style-type: none"> • Wrong Patient 		
<ul style="list-style-type: none"> • Wrong form/route concentration 		
<ul style="list-style-type: none"> • Under/over dose 		
<ul style="list-style-type: none"> • Product ID not on file 		
<ul style="list-style-type: none"> • Duplicate medication order 		

Training provided by:

Name (Print): _____

Signature: _____

Date: _____