Scope of Practice: Psychomotor Skills for BSN Students

STANDARDS
LIMITS
CONDITIONS

Passed by School of Nursing 24 August 2015
TITLES

Students enrolled in the BSN program at UBC Okanagan should use the following title:

- BSN student

When charting, nursing students should indicate their status by following their signatures or initials with the abbreviation “SN” (student nurse) followed by their year in the nursing program (1, 2, 3, or 4):

e.g. -----M. Smith, UBCO SN 2

When signing their names, students should indicate their school, “UBCO” to differentiate between students from other schools of nursing:

e.g.

<table>
<thead>
<tr>
<th>Date</th>
<th>Printed Name</th>
<th>Initials</th>
<th>Signature</th>
<th>Profession</th>
</tr>
</thead>
<tbody>
<tr>
<td>dd/mm/yyyy</td>
<td>Mary Smith</td>
<td>MS</td>
<td>Mary Smith</td>
<td>UBCO SN 2</td>
</tr>
</tbody>
</table>

Note: Initials should only be used on flowsheets (not in narrative charting).

SCOPE OF PRACTICE

This document is modeled after the Scope of Practice for Registered Nurses (CRNBC, 2012c).

This scope of practice for UBCO BSN students provides direction on which skills nursing students may and may not perform, and describes the specific standards, limits, and conditions under which certain skills may be performed.

STANDARDS, LIMITS, AND CONDITIONS

Standards: CRNBC (2012c) defines a standard as “a desired and achievable level of performance against which actual performance can be compared. It provides a benchmark below which performance is unacceptable” (p. 6). There are two levels of standards that BSN students must meet in this nursing program:

1. CRNBC Professional Standards: BSN students are expected to practice according to the CRNBC Professional Standards (2012a).

2. UBCO BSN Competencies and Quality Indicators: Students in the UBCO BSN program are expected to meet the competencies and quality indicators described in the domains of the Practice Appraisal Form (PAF) for all nursing practice courses.

Limits: Limits describe the activities that BSN students are not permitted to perform. For example, BSN students may not, under any circumstances, take blood for an arterial blood gas analysis.

Conditions: Conditions describe the specific circumstances in which BSN students may perform certain activities. For example, BSN students must always be supervised by a Registered Nurse when removing a chest tube.
While CRNBC (2012c) explains that there are four levels of control on registered nurses’ practice, BSN students have an additional two levels of control:
EXAMPLES OF THE CONTROLS ON NURSING STUDENT PRACTICE:

Example 1: A BSN student is caring for a patient who needs a dressing change. The student has been taught how to change this type of dressing, has completed the relevant lab, and has been supervised by the practice teacher and assessed to be competent. Can the student change this patient’s dressing?

Yes. Changing the patient’s dressing is within the scope of practice for this student (Level 6 of Figure 2).

Example 2: A BSN student is caring for a patient who needs to be transferred with a ceiling lift system. The student has been trained to use a variety of lifts, but is not familiar with the type of ceiling track system used in this facility. Can the student independently transfer this patient?

No. Although this activity is within the scope of an RN’s practice, follows employer policies, is within UBCO School of Nursing policies, and has been taught in a previous practice course, the student has judged himself/herself as not competent with this particular system. The student must seek out assistance or supervision to perform this activity safely (Level 6 of Figure 2).

Example 3: A BSN student is completing a 1st year practice experience in a Residential Care setting. A Registered Nurse offers to coach the student through the procedure of inserting an intravenous catheter on a client. May the student perform this skill?

No. Students are not taught the theory (and do not have the opportunity to practice this skill in the nursing lab) until a later semester in the nursing program. As the student does not have the necessary knowledge or skill level, it would be unethical for the student to perform this skill on a client. (Levels 4, 5, and 6 of Figure 2).

Example 4: A BSN student is spending the day in the operating room as an ‘off-unit’ experience. The anaesthesiologist offers to allow the nursing student insert an Endotracheal Tube (ETT) into the patient and states that he will coach the student through the procedure. Can the student perform this activity?

No. CRNBC (2012) states that endotracheal intubation is not within the scope of practice of registered nurses. Therefore, a BSN student would never be allowed to perform this skill (Level 2 of Figure 2).

Example 5: A BSN student is caring for a patient who is receiving Total Parenteral Nutrition (TPN) through a central line. The TPN bag is empty and needs to be changed. The student has received the appropriate classroom theory on TPN administration, but cannot find the RN or the practice teacher. Can the student independently change the TPN bag to prevent the intravenous bag and tubing from ‘running dry’?

No. Although changing a TPN bag is within the scope of RN practice, UBCO School of Nursing policies specify the condition that students must always be supervised when changing a TPN bag (Level 4 of Figure 2).

Example 6: A BSN student is caring for a 2 year old child on the pediatric ward of Kelowna General Hospital who needs an immunization. There is a doctor’s order for the immunization, and the RN is willing to supervise the student. Can the student perform this activity?

No. Although the UBCO BSN Scope of Practice: Psychomotor Skills permits a student to administer immunizations with supervision, IHA policy has a limit that does not allow students to immunize children under the age of 5 years. (Level 3 of Figure 2).
SCOPE OF PRACTICE FOR REGISTERED NURSES

The CRNBC Scope of Practice for Registered Nurses (CRNBC, 2012c) details the activities that Registered Nurses may perform. These activities are divided into:

- Activities that are not restricted (e.g. assist a client with activities of daily living)
- Restricted activities that do not require an order (e.g. make a nursing diagnosis – such as a client being at risk for developing skin breakdown – and intervene appropriately – by placing the patient on a pressure-relieving mattress)
- Restricted activities that require an order (e.g. administer a narcotic medication)
- Restricted activities for nurses who have completed an approved certification program (e.g. diagnose and treat sexually transmitted diseases)
- Activities that are delegated by another profession and approved by CRNBC

Many of the activities described within the Scope of Practice for Registered Nurses are subject to specific limits and conditions.

Refer to the Scope of Practice for Registered Nurses (CRNBC, 2012c) for the full details.

SCOPE OF PRACTICE FOR BSN STUDENTS

In addition to the CRNBC Scope of Practice for Registered Nurses (CRNBC, 2012c), the UBCO School of Nursing Scope of Practice: Psychomotor Skills for BSN Students places additional limits and conditions on the practice of BSN students.

BSN students are expected to recognize their own limitations, act responsibly at all times, and take responsibility for ensuring their own continued competency and learning. BSN students must at all times adhere to the Canadian Nurses Association Code of Ethics (2008) and act in conformity with the Standards of Practice (CRNBC, 2012a).

Students must verify the following steps before performing a psychomotor skill (a skill that requires both knowledge and manual dexterity) on any client:

1. Ascertain that the activity is ethical (taking into consideration factors such as informed consent, minimizing risk to the client, etc.)
2. Verify that the activity is within the BSN scope of practice and that there are no additional restrictions placed on this activity by the agency or the School of Nursing
3. Have been taught the theory relating to the skill prior to the student’s practice experience
4. Have practiced the skill in the UBCO nursing skills lab (for those skills taught in the lab). For skills not taught in the lab, students should observe a skill being performed by a qualified practitioner before performing the skill themselves.
5. Be familiar and able to comply with agency policies and procedures relating to that skill
6. Obtain supervision from the students’ instructor or preceptor until deemed competent (see “Regulatory Supervision”, pp. 5-6)

To help provide guidance to students regarding skills and activities that are within the BSN scope of practice, refer to the following resources:

- Appendix A: Skills/activities with limits and conditions in the BSN student scope of practice
- Appendix B: High alert and restricted medications
- Appendix C: Independent double check procedure for medication administration
REGULATORY SUPERVISION OF PRACTICE BY A QUALIFIED REGISTERED NURSE

In the Practice Standard for the Regulatory Supervision of Nursing Student Activities, CRNBC (2012b) specifies that it must be a CRNBC registrant (i.e. Registered Nurse, Nurse Practitioner, or Licensed Graduate Nurse) who is ultimately responsible for supervising all activities of BSN students which may affect clients.

In an instructor-led practicum, the nurse with the primary responsibility for supervising the practice of a BSN student is the practice teacher. In a preceptorship, this responsibility is shared between the student’s teacher and preceptor.

This regulatory supervision involves:

1. Knowing the BSN student’s competence
2. Authorizing the activity/skill
3. Setting conditions on how/when/where the skill is performed
4. Managing risks to the client

This Practice Standard (CRNBC, 2012b) states that the nurse who is responsible for supervising the practice of a BSN student may decide to involve a non-CRNBC registrant (e.g. LPN, physiotherapist, social worker, or another student) in the regulatory supervision process. In this case, the Registered Nurse must clearly communicate the activities authorized and conditions set to both the non-CRNBC registrant and the student. However, the nurse who is primarily responsible for supervising the student (e.g. the practice teacher or preceptor) remains accountable and responsible for the process and for any decisions associated with the process.

The UBCO School of Nursing recommends the following guidelines for student supervision:

- The first time a student performs a new skill – should be supervised by the student’s practice teacher or preceptor
- Ongoing supervision of that skill – should be supervised by a qualified and competent individual designated by the student’s practice teacher or preceptor
- Deeming the student to be competent to practice a skill without further supervision – this determination can only be made by the practice teacher or preceptor

A student is deemed to be competent to perform a psychomotor skill after demonstrating knowledge of the skill, dexterity, ability to problem solve, and critical thinking in the context of the client and situation.

ADDITIONAL GUIDANCE ON PARTICULAR SKILLS

While most student practice placements take place within the Interior Health Authority (IHA), some placements may occur in other sites. Students must familiarize themselves with the policies and procedures in the health region/agency within which they will be practicing.

BLOOD TRANSFUSIONS: The following excerpts are taken from the IHA Clinical Transfusion Practices Manual:

The TRANSFUSIONIST is the “Physician, Registered Nurse, Nurse Practitioner, [or] Registered Midwife who is responsible for the transfusion of blood products at the bedside” (Section 2.0, Jun 2013, p. 11).

“Students can assist in the Transfusionist tasks only if they are supervised directly by the Transfusionist. The Transfusionist is ultimately the responsible provider and must be physically present and must co-sign on the patient records. Students cannot be the 2nd person verifier” (Section 3.0, Jun 2011, p. 21).

IMMUNIZATIONS: For students in practice placements within IHA:

- Students are NEVER permitted to immunize children under the age of 5 years.
- With a doctor’s order (e.g. in an acute care setting), students may administer immunizations to adults and children aged 5 or older, so long as they are supervised by a qualified RN.
Without a doctor’s order (e.g. in a community setting), students must have completed the BC CDC immunization course AND be supervised by a qualified RN.

Students may only provide single dose immunizations to adults and school age children (i.e. cannot administer more than one immunization per person)

The following excerpts are taken from the IHA Administrative Policy Manual: AU1100 Student Placements (July 2015):

3.22.3 Immunization Administration

Students may only provide single dose (containing one or more antigens) immunizations* to adults and children five years of age and older (see limits below) if the Student has been deemed competent (has the knowledge and skill) either by the Education Institution or the clinical practice site. Providing immunization to infants, children less than five years old and special populations** involves complex scenarios that require a more inclusive level of competency. Therefore, because of the time required to demonstrate competency for this immunization practice, Students will not be permitted to immunize infants, children less than five years old and special populations**.

IH Limits:

- Students do not provide immunizations to children under five years of age with the exception of RN Students within the IH Promotion & Prevention Program who may provide single dose immunizations to clients four years of age and older.
- RN Students may provide single dose immunizations to IH Promotion & Prevention Program clients identified as Select Populations in Section III - Immunization of Special Populations, item 3.0.
- Students do not provide immunizations in the IH Workplace Health and Safety (WHS) staff immunization or peer immunization program.

IH Conditions:

- RN/RPN Students must successfully complete the British Columbia Centre for Disease Control Immunization Competency (BCCDC) course prior to providing immunizations to IH Promotion and Prevention Program Clients.
- RN Students providing immunizations outside of the IH Promotion and Prevention Program must meet the IH Immunizing Agents competency standards (currently under development); and must be directly supervised by a qualified RN who is immediately available to respond to unintended consequences.

* Note 1: single dose immunizations refer to a single injection. The vaccine product may contain a single vaccine (e.g. hepatitis A vaccine) or a combination vaccine (supplied as a pre-mixed product, e.g. measles-mumps-rubella vaccine). Students may not mix different vaccine products into a single syringe.

** Note 2: Communicable Disease Control Manual Chapter II, Immunization Program Section III – Immunization of Special Populations

REFERENCES


Appendix A: Skills/activities with limits and conditions in the BSN Student Scope of Practice

Refer to the full UBC Okanagan BSN Scope of Practice document for more information on the scope of practice for BSN students (p. 5), the standards, limits and conditions placed on their practice, and the requirement for regulatory supervision (p. 6).

### Category A: Skills/activities that MAY NOT be performed by a BSN student:

- Accessing, flushing, or administering medications through a central venous access device (CVAD) that is used exclusively for hemodialysis
- Administration of medications on the School of Nursing restricted medications list (see Appendix B)
- Applying a compression wrap in a community practice setting
- Arterial blood gases
- Changing/removing a tracheostomy tube
- Continuous or intermittent irrigation of chest tubes with solutions, medications, etc.
- Constant care provider: student are not to be designated as a “constant care provider” (commonly referred to as a 1:1 nurse), including for break relief
- Defibrillation or cardioversion
- Endotracheal extubation
- Hemodialysis: insertion of hemodialysis needles, administration of local anaesthetics
- Identification of cardiac dysrhythmias for the purpose of instituting treatment (beyond basic CPR)
- IHA Nursing Escort: Students are not to be the designated “escort” for patients requiring supervision during transport. They may however, accompany the designated RN/LPN for observation only
- Management of unstable C-spine, e.g. Stabilizing the neck of a patient with skull tongs, with/without a hard collar
- Measurement of arterial and central venous pressure, or wedge pressure (Swan-Ganz catheters)
- Monitoring oxytocin drip during labour
- Peritoneal dialysis
- Removal or adjustment of a TR Band™ radial compression device
- Removal of epicardial AV wires (but may assist with post-removal monitoring, under the supervision of an RN)
- Setting up and supervising operation of a mechanical ventilator
- Stabilizing the neck of a patient with skull tongs
- Measurement of arterial and central venous pressure
- Continuous or intermittent irrigation of chest tubes with solutions
- Management of unstable C-spine
- Measurement of arterial and central venous pressure
- Metabolic acidosis
- Administration of non-narcotic and non-high-alert medications into a CVAD with an existing IV infusion (Note: students must still be supervised if flushing and aspirating for patency)
- Blood glucose monitoring
- Midline catheter care and removal
- Venipuncture (peripheral intravenous infusion initiation)
- Tracheostomy care including suctioning, cleaning, and changing of inner cannula
- Utilize patient handling equipment, including mechanical lifts, slings, and devices for lateral transfers or repositioning

* Note: The following activities are restricted by BOTH health authority/facility AND School of Nursing policy and MAY NOT BE PERFORMED by nursing students:

  - Taking a verbal or phone order from a physician
  - Verifying a client’s signature on a consent form
  - Completing a narcotic count

### Category B: Skills/activities that must be supervised by a qualified individual (designated by the student’s practice teacher or preceptor) until the BSN student is deemed competent:

Most psychomotor skills taught in the UBCO nursing program fall into this category, in which students must be supervised until they demonstrate competence. Some examples of these skills include, but are not limited to:

- Administration of non-narcotic and non-high-alert medications into a CVAD with an existing IV infusion
- Blood glucose monitoring
- Hemodialysis: set up/strip down/clean dialysis machine, administer oral medications, perform pre-dialysis assessment, monitor blood glucose, document care
- Midline catheter care and removal
- Venipuncture (peripheral intravenous infusion initiation)
- Tracheostomy care including suctioning, cleaning, and changing of inner cannula
- Utilize patient handling equipment, including mechanical lifts, slings, and devices for lateral transfers or repositioning
### Category C: Skills/activities that MUST ALWAYS BE DIRECTLY SUPERVISED by a Registered Nurse:

- Chest tube removal and tying of purse-string sutures (Note: the student must be supernumerary to the 2 qualified nurses required to remove a chest tube)
- Fetal monitor interpretation
- Immunization and tuberculin testing of adults and children. Note that students must also follow agency/health authority policies. If practicing within IHA, refer to page 6 of the Scope of Practice: Psychomotor Skills for BSN Students for additional conditions
- Hemodialysis: change settings on hemodialysis machines, remove needles and discontinue hemodialysis treatment, access and view computerized records (PROMIS)
- Neonatal blood glucose monitoring
- Phlebotomy
- Removal of a deflated Laryngeal Mask Airway (LMA mask)
- Removal of an epidural catheter
- Transcribing physician orders and completing nightly review of charts and MAR
- VAC (vacuum assisted closure) dressing changes
- Vaginal examination (provided patient consents and membranes are intact)

The following skills relating to medication administration must always be supervised:
- Administration of ANY medication, by ANY route to a newborn
- Administration of any medications designated by the School of Nursing or facility as High Alert medications (see Appendix B)
- Dispensing (including preparation and transfer) of a medication to a client refer to the CRNBC practice standard
- Wastage of all narcotics/controlled substances

- The following skills relating to Central Venous Access Devices (CVADs) must always be supervised:
  - Accessing an implanted venous access device (i.e. Port-a-Cath)
  - Administration of TPN (including changing bags and tubing)
  - Drawing blood samples
  - Dressing changes
  - Flushing and aspirating blood to verify line patency
  - Removal of a central line

- Transfusion of blood products – Students may only perform tasks that are congruent with the level of theory they have obtained within their education.
  - Transporter
  - Assessment checks as assigned by the Transfusionist
  - General care for the stable patient during transfusion under RN direction
  - General care for the stable patient for the first 24 hours post transfusion under RN direction

### Category D: Skills/activities that require additional education AND supervision by a Registered Nurse:

Students must complete the following additional education prior to performing, under direct supervision, the skills/activities listed below:

**PERINATAL/NEONATAL SPECIALTY SETTING:**
- VAGINAL EXAM WHEN THE MEMBRANES ARE NOT INTACT
  - Must have completed a recognized Perinatal Level 1 theory course AND have a current practice placement in a Perinatal/Neonatal setting

**COMMUNITY PRACTICE SETTING:**
- IMMUNIZATION FOR ADULTS AND CHILDREN OVER THE AGE OF 5
  - Must complete the full British Columbia Centre for Disease Control (BC CDC) immunization competency course *

For the following skills, students must complete the relevant agency education module prior to performing these skills under supervision:

- ANKLE-BRACHIAL INDEX (ABI) MEASUREMENT
- CENTRAL VENOUS ACCESS DEVICE (CVAD) CARE AND MAINTENANCE
- OPERATION OF THE GEMSTAR (OR OTHER MODEL) INFUSION PUMP
- PERIPHERAL VENOUS ACCESS DEVICE (PVAD) INITIATION
- SUBCUTANEOUS LIDOCAINE INFUSION FOR THE PURPOSE OF CHRONIC PAIN MANAGEMENT
- VACUUM ASSISTED CLOSURE (VAC) THERAPY
- WOUND COMPRESSION THERAPY

* For students practicing in a health authority other than IHA, students must complete the equivalent training required by the host health authority.
Appendix B: High Alert and Restricted Medications

The following lists describe medications that have a high risk for patient harm when administered in error and/or medications that are commonly administered in error.

<table>
<thead>
<tr>
<th>High-Alert Medications: Students must have the following medications double-checked and co-signed by a qualified RN</th>
<th>Additional Safety Precautions for Medication Infusions (including IV, PCA, epidural, intrathecal, nerve plexus infusions, etc.)</th>
</tr>
</thead>
</table>
| **Anticoagulants:**  
  - Unfractionated heparin  
  - Low molecular weight heparins  
  - Anticoagulants that require regular blood testing (e.g. warfarin) | Care of medication infusions includes monitoring, hanging new bags, changing infusion rates, and administering bolus doses |
| Insulin (all types) | In addition to double-checking and co-signing:  
  - **Narcotics and controlled substances:** The nurse must always supervise administration at the client’s bedside.  
  - **Non-narcotics:** The nurse must supervise administration at the client’s bedside until the student is deemed competent. |
| Methotrexate, any route | |
| Narcotics and controlled substances | |
| Intravenous medications/solutions:  
  - Solutions containing potassium chloride  
  - Hypertonic saline (greater than 0.9% concentration)  
  - All medications (excluding saline/dextrose solutions) | |
| Parenteral nutrition solutions, including:  
  - IV dextrose at a concentration of 10% or greater | |
| Epidural or intrathecal medications | |

**Restricted Medications:** Students MAY NOT administer the following classes of medications*

- IV adrenergic agonists
- IV adrenergic antagonists
- IV antiarrhythmics
- IV radiocontrast agents
- General anesthetic agents, inhaled or IV
- Cardioplegic agents
- Chemotherapy agents by ANY route
- Neuromuscular blocking agents

*Refer to a current drug reference for a full list of medications within each class

References:

Appendix C: Independent Double Check Procedure for Medication Administration

To promote safety in medication administration, students must follow this procedure when administering a high alert medication (see Appendix B), based upon the IHA independent double check policy (IHA, 2013).

* Note that some health authorities may have their own policies or procedures relating to independent double checks. Students should follow the policy that is the most restrictive.

WHO CAN COMPLETE THE INDEPENDENT DOUBLE CHECK (IDC) FOR A STUDENT?

- UBC nursing instructor (registered nurse)
- Registered nurse
- Registered psychiatric nurse
- If a registered nurse is not available, a licensed practical nurse (LPN) might be able to perform the IDC, in the following circumstances:
  - If the medication administration is within the scope of practice of the LPN (e.g. NOT intravenous route)
  - AND if the nursing instructor or preceptor responsible for the student follows the CRNBC Regulatory Supervision guidelines
  - AND if the LPN is not prevented from performing the IDC by facility policy (Note: within IHA, LPNs may not complete an IDC for a student on the IHA-designated high alert medications. Please refer to IHA’s Independent Double Check – Acute Care Nursing Clinical Practice Standard and Procedure)

WHEN SHOULD CHECKS BE COMPLETED?

- Students should complete 3 checks when administering medications:
  1. When removing medications from the med cart or Pyxis
  2. When checking medications prior to administration (this is when the independent double check takes place)
  3. At the bedside, right before medication administration

WHAT “RIGHTS” MUST BE CHECKED?

ALL MEDICATIONS

1. Right CLIENT  5. Right ROUTE  9. Right DOCUMENTATION
2. Right TIME  6. Right REASON  10. Right EVALUATION
3. Right DRUG  7. Right ASSESSMENT
4. Right DOSE  8. Right CLIENT TEACHING

ADDITIONAL RIGHTS FOR PARENTERAL MEDICATIONS

1. Right DILUTION  2. Right COMPATIBILITY  3. Right RATE OF ADMINISTRATION

ADDITIONAL RIGHTS FOR AN INFUSION DEVICE (IV PUMP, PCA, EPIDURAL)

1. Right INFUSION DEVICE  2. Right PROTOCOL  3. Right PROGRAM SETTINGS
INDEPENDENT DOUBLE CHECK (IDC) PROCEDURE FOR STUDENTS

Step 1  BEFORE taking out medications:
- Look up relevant drug information
- Assess client to see if medication administration is appropriate
- Perform dosage calculations
- If any medications requiring an IDC will be removed from their original packaging (e.g. pouring a liquid or drawing a medication into a syringe), have the nurse performing the IDC watch the full procedure, beginning at Step 2.

Step 2  STUDENT PERFORMS CHECK 1
Gather MAR and medications (e.g. from med cart or Pyxis)
* Note that for narcotics: The nurse performing the IDC MUST see the narcotic being removed from the original packaging to verify the correct drug and dose

Step 3  STUDENT PERFORMS CHECK 2
Prepare medications for administration and verify the rights
- Leave all unit dose medications within their packages
- Ensure all other medications removed from their packages are labelled with the drug name, dose, route, and 2 patient identifiers
- After completing the second check, place a small dot to the right of the med administration time on the MAR, indicating the med has been poured (e.g. 0900  ♦ ________)

Step 4  NURSE PERFORMS INDEPENDENT DOUBLE CHECK (VERIFYING CHECK 2)
FOR INJECTABLE MEDICATIONS:
- Be sure to prepare injectable medications in front of the nurse completing the IDC, so that the correct drug and dose can be verified as the medication is being withdrawn from the ampoule or vial

WHEN A MEDICATION DOSAGE MUST BE CALCULATED:
- Ask the nurse performing the IDC to calculate the required dose independently BEFORE the student reveals the results of his/her own calculations

WHEN A PROTOCOL OR PRE-PRINTED ORDER IS USED:
- The student must provide the required orders (e.g. insulin or heparin orders) and the relevant data (e.g. blood glucose documentation or lab results) to the nurse performing the IDC

Step 5  STUDENT PERFORMS CHECK 3
Note: For some high-alert medications (see Appendix B) the nurse performing the IDC must supervise medication administration at the bedside
Take MAR and medications to the bedside and verify the rights
- When checking the patient’s identity, also check for an allergy band
- Inform the patient about each medication while pouring the medications
- Observe the patient take all of the medications
- Document the medication administration immediately

Step 6  DOCUMENTATION
Documentation of the IDC on the MAR must include the student and the nurse completing the IDC:
- Student: Immediately after administration of the medication, sign in the first position: (e.g. Student Initials /  ____________)
- Nurse: After completing the IDC, sign in the second position: (e.g. ____________ / Nurse Initials)