**Transcription Practice/Pretest Detailed Score Report**

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| Name of Staff: |       | Practice or Pretest: |       |
| MAP Trainer: |       |
| Date of Evaluation: |       |
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| **To receive a passing score on this Transcription Practice/Pretest, staff must receive a ‘Yes’ on every item.**  |
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| MAP Trainer Transcription Checklist:(To be completed by Approved MAP Trainer only.) | Comments:(Continue on reverse side if necessary.) |
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| 1. | Staff marks through every unused box in grid portion of the medication sheet next to where the medication was scheduled to be given for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 2. | Staff draws a single diagonal line to cross out the medication description for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 3.  | Staff draws a single diagonal line through the grid portion of the medication sheet for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 4. | Staff documents discontinued (DC) in medication description portion of medication sheet for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 5. | Staff documents discontinued (DC) in grid portion of medication sheet for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 6. | Staff documents the correct discontinue date in the medication description portion of the medication sheet for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 7. | Staff documents the correct discontinue date in the grid portion of the medication sheet for the correct discontinued medication: | [ ]  Yes | [ ]  No |       |
| 8. | Both generic and brand names, if applicable of the correct medication are accurately transcribed onto the medication sheet for the correct medication: | [ ]  Yes | [ ]  No |       |
| 9. | The correct strength of the correct medication is accurately transcribed onto the medication sheet: | [ ]  Yes | [ ]  No |       |
| 10. | The correct amount of the correct medication is accurately transcribed onto the medication sheet: | [ ]  Yes | [ ]  No |       |
| 11. | The correct dose of the correct medication is accurately transcribed onto the medication sheet: | [ ]  Yes | [ ]  No |       |

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| 12. | The correct frequency of the correct medication is accurately transcribed onto the medication sheet: | [ ]  Yes | [ ]  No |       |
| 13. | The correct route of the correct medication is accurately transcribed onto the medication sheet: | [ ]  Yes | [ ]  No |       |
| 14.  | The correct start date of the correct medication is accurately transcribed onto the medication sheet:  | [ ]  Yes | [ ]  No |       |
| 15. | The correct stop date of the correct medication is accurately transcribed onto the medication sheet: | [ ]  Yes | [ ]  No |       |
| 16. | Appropriate medication times for the correct medication are written in the hour column on the medication sheet: | [ ]  Yes | [ ]  No |       |
| 17. | The grid accurately shows when the first dose of medication is to be administered on the correct medication: | [ ]  Yes | [ ]  No |       |
| 18. | The grid accurately shows when the last dose of medication is to be administered on the correct medication: | [ ]  Yes | [ ]  No |       |
| 19. | Staff only transcribes the new medication: | [ ]  Yes | [ ]  No |       |
| 20. | Staff does not initial the newly transcribed medication as administered: | [ ]  Yes | [ ]  No |       |