**SKILL: Drug Administration**

**LEARNER NAME: DATE: / /**

*\*\*Learner expected to introduce him/herself and ask for consent at all times*

|  |  |  |  |  |  |
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| **No** | **PERFORMANCE** | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
| 1. | *Preparation* |  |  |  |  |
| 1.1 | Determine need for drug administration |  |  |  |  |
| 1.2 | Rule out allergies and ALL contra-indications |  |  |  |  |
| 1.3 | Check drug for: a. Correct drug b. Expiry date  c. Cloudiness and leaks d. Dosage of drug |  |  |  |  |
| 1.4 | Calculate dose required |  |  |  |  |
| 1.5 | Draw up correct dose into syringe and eliminate excess air |  |  |  |  |
| 2. | *Administration* |  |  |  |  |
| 2.1 | IV access would have been established |  |  |  |  |
| 2.2 | **Bolus dose:**  Clean administration site, block off IV  flow, inject drug and flush IV line  **Infusion dose:**  Inject drug into vacolitre, attach admin set  and run line through, attach to IV cannula  and adjust flow rate to required rate |  |  |  |  |
| 3. | *Reassessment* |  |  |  |  |
| 3.1 | Assess patient for effectiveness, titrating infusion appropriately |  |  |  |  |
| 3.2 | Monitor patient’s vital signs |  |  |  |  |
| 3.3 | Prepare for any adverse effects or complications |  |  |  |  |
| 3.4 | Record drug administration correctly |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

References:

* HPCSA

**Overall assessment of learner’s performance:**

**NOT YET COMPETENT**

**COMPETENT**

Assessor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Qualification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

