**SKILL: Drug Administration**

**LEARNER NAME: DATE: / /**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **PERFORMANCE** | | **Possible Points** | **Points Obtained** | **Competent** | **Omitted** |
|  | Aspirin  Chlorphemanie  Cyclizine  Methoxyfurane  Glucose gel  Glucagon  Glyceryl Trinitrate  Adrenaline 1:1000  Ondansetron  Entonox® | Oxygen  Ticagrelor  Midazolam  Salbutamol  Paracetamol  Clopidogrel  Ibuprofen®  Ipratropium bromide  Naloxone  Hydrocortisone |  |  |  |  |
|  | Scenario 1 | |  |  |  |  |
| 1 | Correct medication selection | |  |  |  |  |
| 2 | Expiry date (Verbalise) | |  |  |  |  |
| 3 | Contraindications (Verbalise) | |  |  |  |  |
| 4 | Identify appropriate dose (Verbalise) | |  |  |  |  |
| 5 | Re-confirm correct selection | |  |  |  |  |
| 6 | Identify route | |  |  |  |  |
| 7 | State potential adverse side effects (Verbalise) | |  |  |  |  |
| 8 | State repeat administration instructions (Verbalise) | |  |  |  |  |
| 9 | Record administration (Verbalise) | |  |  |  |  |
|  |  | |  |  |  |  |

References:

* PHECC

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

**NOT YET COMPETENT**

**COMPETENT**

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

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

