**TEMPLE COLLEGE** NAME (Last, First): Briery Paul

Nursing Program

Medication Administration

Critical elements are indicated by an asterisk (\*) and must be performed satisfactorily to pass the check-off.

Student missing more than 2 non-asterisk items will result in not passing the skill.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **SKILLS TO BE ASSESSED** | **S** | **U** | **Rationale** |
|  | \*Verify client chart by\_Name & DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ |  |  | Ensure I am working with right patient |
|  | \* Verify \_Allergies\_\_\_\_\_\_\_. |  |  | Ensure safety knowing if meds to be withheld or if there is allergy to latex |
|  | \*Check that Healthcare Provider (HCP) prescription is complete (\_Med, dose, freq/time, route) and active (in \_orders\_\_) |  |  | Pre-safety check to verify medication orders are active and complete. |
|  | \* Wash \_\_hands\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  | Remove microbes that may cause infection/illness from hands |
|  | \*Perform – 1st accuracy medication label check with \_\_MAR\_\_\_ when removing medications from client drawer. |  |  | Verify right meds are going to the right patient at the right time |
|  | Recognize the need to \_\_\_withhold\_\_\_\_\_\_ based on medication order if applicable. |  |  | Recognize safe parameters to deliver specific meds |
|  | \*Perform – 2nd accuracy medication \_\_MAR\_\_ check with \_\_\_\_\_\_\_\_\_\_ and medications. Place  medications to be given in disposable tray. |  |  | Verify right meds are going to the right patient at the right time |
|  | \*\_Calculate\_\_\_\_correct dosages. |  |  | Ensure right amount of meds are given |
|  | Take medications and necessary supplies to  \_Patients bedside\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  | Make sure medications have not left my sight. |
|  | \*\_\_Wash\_\_\_\_\_\_\_\_\_ hands |  |  | Remove microbes that may cause infection/illness from hands |
|  | \_\_Identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_self to the client as a student nurse. |  |  | Respectful and stress reducing to introduce self. |
|  | \*Verify client using \_2 verifiers, looking at armband and  **scan\_**the client’s armband. |  |  | Ensure I am working with the correct patient. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | \*Verify \_\_allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with client. |  |  | Ensure safety knowing if meds to be withheld or if there is allergy to latex | |
|  | Explain \_procedure\_\_ to client. |  |  | Reduce stress | |
|  | \*Perform the 3rd accuracy medication label check with \_\_MAR\_\_ at \_bedside\_ then \_scanthe medication label. |  |  | Verify right meds are going to the right patient at the right time | |
|  | Ask the client their \_knowledge\_\_ of medications. |  |  | Educate client on gaps of knowledge | |
|  | **Oral Administration** |  |  |  | |
|  | Assist client to a \_Fowlers or sitting\_\_\_\_\_\_ position. |  |  | Sit up to all for swallowing | |
|  | \*Prior to administering medications, assess for \_\_gag reflex\_\_\_\_\_\_\_\_; offer water/liquids prior to administering. |  |  | Ensure client is able to swallow correctly and not aspirate. | |
|  | **Medication Preparation from Vial** |  |  |  | |
|  |  |  |  | **Subq** | **IM** |
|  | \*Select appropriate \_needle\_\_\_ and \_syringe\_\_\_ for administration. |  |  | ½ - ¼” 27-29ga | 1 – 2” 22Ga |
|  | \*Clean \_top of vial\_\_\_ with alcohol and allow to \_\_dry\_\_\_\_\_\_\_. |  |  | Remove microbes that may cause infection/illness |  |
|  | Inject an amount \_of air \_\_ into the vial equal\_\_\_ to the desired dose/volume to be removed. |  |  | Create a negative pressure in the vial. |  |
|  | **\***\_Draw\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the correct dose/volume of medication. |  |  | Ensure right dosage is ready |  |
|  | \*Use the\_\_one hand\_\_re-cap for syringes. |  |  | Protect from accidental needle stick |  |
|  | \*Activate \_safety device and \_\_change\_needle to appropriate size. |  |  |  | Protect from needle stick and make sure delivery is attainable for given location of injection. |
|  | **Injection Administration** |  |  |  | |
|  | \*Wear \_\_gloves\_\_\_\_\_\_. |  |  | Prevent microbes from transferring to meds | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provide \_\_privacy\_ to client throughout procedure. |  |  | Provide comfort and respect of privacy |
|  | \*Select appropriate \_\_injection site\_\_and locate the site on the manikin. |  |  | Ensure correct route is being used for injection |
|  | \*Use alcohol swab to appropriately \_\_\_clean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ injection site. |  |  | Circle 2” going from inside -> out |
|  | **IM Injections** |  |  |  |
|  | Hold syringe like a \_dart\_. |  |  | Needle needs to go straight in. |
|  | \*Use \_z-track\_ method to deliver injection  **aseptically**. |  |  | Used to help keep meds inside body |
|  | \*\_Aspirate\_\_\_\_\_\_\_\_\_\_\_\_\_\_site before injection, then administer medication with appropriate angle of syringe/needle. |  |  | Ensure needle is not in artery |
|  | Hold the syringe in place for \_10\_\_\_\_\_\_\_\_\_\_ seconds after administering the medication. |  |  | Ensure absorption of meds. |
|  | Withdraw the needle and apply \_\_counter\_\_\_ pressure with a gauze pad. |  |  | Stop bleeding |
|  | **\***Uses proper \_\_one-handed\_\_\_\_\_\_\_\_\_\_\_\_\_ technique to activate safety immediately and dispose in sharps container. |  |  | Avoid needle stick |
|  | **Subcutaneous Injections** |  |  |  |
|  | Hold syringe like a dart. |  |  | Needle needs to go straight in. |
|  | \*\_Pinch\_\_\_the skin with non-dominant hand. |  |  | Bring subcutaneous layer to the surface. |
|  | **\***Do \_not aspirate, then administer medication with appropriate angle of syringe/needle. |  |  | Do not pull back on syringe |
|  | Withdraw the needle and apply counter pressure with a gauze pad. |  |  | Stop bleeding |
|  | **\***Uses proper \_one-handed\_\_ technique to activate safety immediately and dispose in \_Sharps container\_\_\_\_\_\_\_\_\_\_\_. |  |  | Avoid needle sticks and safe disposal |
|  | **Infection Control** |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | \*Remove \_\_gloves\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and wash hands. | | |  |  | Remove microbes that may cause infection/illness from hands | |
|  | **Safety** | | |  |  |  | |
|  | \*Administers \_\_correct\_\_\_ dosages for all medications. | | |  |  | Ensure patients 6 rights were observed | |
|  | \*Maintains \_\_aspeptic\_\_\_ technique and safety measures throughout procedure. | | |  |  | Stay clean and safe throughout | |
|  | \*Accurately documents medication administration on \_MAR\_\_\_\_\_\_. | | |  |  | Right documentation in the MAR shows history of medicinal interventions. | |
|  | **Pass** | **Fail** | Comments: | | | | |
| Evaluator (signature/credentials): Date: | | | | | | | |
| **Referral for Nursing Simulation/Laboratory Remediation**  *Contact Simulation Lab Faculty more than 24 hours in advance at Ext. 8660 or* [*simlab@templejc.edu*](mailto:simlab@templejc.edu) *if unable to keep original appointment or need to reschedule.*  **\*\*Date and Time for Remediation: \*\***  Summary of the areas for review including Nursing Assessment/Skill(s) to be practiced and any recommendations given to the student concerning the problem area. | | | | | | | |
|  | Check off sheet/remediation form reviewed with student and copies provided to student. | | | | Yes | | No |
| Student Signature: Date: | | | | | | | |