**TEMPLE COLLEGE** NAME (last, first): Nursing Program

Medication Administration Checkoff

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

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

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|  | **SKILLS TO BE ASSESSED** | **S** | **U** | **COMMENTS** |
|  | \*Verify client chart by name and date of birth in Electronic Medical Record (EHR). |  |  |  |
|  | \* Verify allergies (in EHR). |  |  |  |
|  | \*Check that Healthcare Provider (HCP) prescription is complete (medication, dose, frequency/time, route) and active (in Orders). |  |  |  |
|  | \* Wash hands. |  |  |  |
|  | \*Perform – 1st accuracy medication label check with MAR when removing medications from client drawer. |  |  |  |
|  | Recognize the need to hold medications based on medication order if applicable. |  |  |  |
|  | \*Perform – 2nd accuracy medication label check with MAR and medications. Place medications to be given in disposable tray. |  |  |  |
|  | \*Calculate correct dosages. |  |  |  |
|  | Take medications and necessary supplies to  client’s bedside. |  |  |  |
|  | \*Wash hands. |  |  |  |
|  | Identify self to the client as a student nurse. |  |  |  |
|  | \*Verify client:   * using two client verifiers * looking at armband * and **scan** the client’s armband. |  |  |  |

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|  | \*Verify allergies with client. |  |  |  | |
|  | Explain procedure to client. |  |  |  | |
|  | \*Perform the 3rd accuracy medication label check with MAR at bedside then **scan** the medication label. |  |  |  | |
|  | Ask the client their knowledge of medications. |  |  |  | |
|  | **Oral Administration** |  |  |  | |
|  | Assist client to a sitting or fowlers position. |  |  |  | |
|  | \*Prior to administering medications, assess for swallowing; offer water/liquids prior to administering. |  |  |  | |
|  | **Medication Preparation from Vial** |  |  | **Subq** | **IM** |
|  | \*Select appropriate needle and syringe for administration. |  |  |  |  |
|  | \*Clean top of vial with alcohol and allow to air dry. |  |  |  |  |
|  | Inject an amount of air into the vial equal to the desired dose/volume to be removed. |  |  |  |  |
|  | **\***Withdraw the correct dose/volume of medication. |  |  |  |  |
|  | \*Use the one hand re-cap for syringes. |  |  |  |  |
|  | \*Activate safety device and change needle to appropriate size. |  |  |  |  |
|  | **Injection Administration** |  |  |  | |
|  | \*Wear clean gloves. |  |  |  | |
|  | Provide privacy throughout procedure. |  |  |  | |

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|  | \*Select appropriate injection site and locate the site on the manikin. |  |  |  |
|  | \*Use alcohol swab to appropriately clean injection site. |  |  |  |
|  | **IM Injections** |  |  |  |
|  | Hold syringe like a dart. |  |  |  |
|  | \*Use Z-Track method to deliver injection  **aseptically**. |  |  |  |
|  | \*Aspirate site before injection, then administer medication with appropriate angle of syringe/needle. |  |  |  |
|  | Hold the syringe in place for 10 seconds after administering the medication. |  |  |  |
|  | Withdraw the needle and apply counter pressure with a gauze pad. |  |  |  |
|  | **\***Uses proper one-handed technique to activate safety immediately and dispose in sharps container. |  |  |  |
|  | **Subcutaneous Injections** |  |  |  |
|  | Hold syringe like a dart. |  |  |  |
|  | \*Pinch the skin with non-dominant hand. |  |  |  |
|  | **\***Do not aspirate, then administer medication with appropriate angle of syringe/needle. |  |  |  |
|  | Withdraw the needle and apply counter pressure with a gauze pad. |  |  |  |
|  | **\***Uses proper one-handed technique to activate safety immediately and dispose in sharps container. |  |  |  |
|  | **Infection Control** |  |  |  |
|  | \*Remove gloves and wash hands. |  |  |  |

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|  | **Safety** | | |  |  |  | |
|  | \*Administers correct dosages for all medications. | | |  |  |  | |
|  | \*Maintains aseptic technique and all safety measures throughout procedure. | | |  |  |  | |
|  | \*Accurately documents medication administration on MAR. | | |  |  |  | |
|  | **Pass** | **Fail** | Comments: | | | | |
| Evaluator (signature/credentials): Date: | | | | | | | |
| **Referral for Nursing SimLab**  *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 Process Improvement: \*\***  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/process improvement form reviewed with student and copies provided to student. | | | | | Yes | No |
| Student Signature: Date: | | | | | | | |