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

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.

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|  | **SKILLS TO BE ASSESSED** | **S** | **U** | **Rationale** |
|  | \*Verify client chart by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_ |  |  |  |
|  | \* Verify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |
|  | \*Check that Healthcare Provider (HCP) prescription is complete (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |  |  |
|  | \* Wash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |
|  | \*Perform – 1st accuracy medication label check with \_\_\_\_\_\_\_\_\_\_\_ when removing medications from client drawer. |  |  |  |
|  | Recognize the need to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ based on medication order if applicable. |  |  |  |
|  | \*Perform – 2nd accuracy medication \_\_\_\_\_\_\_\_\_ check with \_\_\_\_\_\_\_\_\_\_ and medications. Place  medications to be given in disposable tray. |  |  |  |
|  | \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_correct dosages. |  |  |  |
|  | Take medications and necessary supplies to  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |
|  | \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hands |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_self to the client as a student nurse. |  |  |  |
|  | \*Verify client using \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**the client’s armband. |  |  |  |

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|  | \*Verify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with client. |  |  |  | |
|  | Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to client. |  |  |  | |
|  | \*Perform the 3rd accuracy medication label check with \_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ then \_\_\_\_\_\_\_\_\_\_\_the medication label. |  |  |  | |
|  | Ask the client their \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of medications. |  |  |  | |
|  | **Oral Administration** |  |  |  | |
|  | Assist client to a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ position. |  |  |  | |
|  | \*Prior to administering medications, assess for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; offer water/liquids prior to administering. |  |  |  | |
|  | **Medication Preparation from Vial** |  |  |  | |
|  |  |  |  | **Subq** | **IM** |
|  | \*Select appropriate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for administration. |  |  |  |  |
|  | \*Clean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with alcohol and allow to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |  |
|  | Inject an amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ into the vial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the desired dose/volume to be removed. |  |  |  |  |
|  | **\***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the correct dose/volume of medication. |  |  |  |  |
|  | \*Use the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_re-cap for syringes. |  |  |  |  |
|  | \*Activate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_needle to appropriate size. |  |  |  |  |
|  | **Injection Administration** |  |  |  | |
|  | \*Wear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  | |

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|  | Provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to client throughout procedure. |  |  |  |
|  | \*Select appropriate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and locate the site on the manikin. |  |  |  |
|  | \*Use alcohol swab to appropriately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ injection site. |  |  |  |
|  | **IM Injections** |  |  |  |
|  | Hold syringe like a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |
|  | \*Use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ method to deliver injection  **aseptically**. |  |  |  |
|  | \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_site before injection, then administer medication with appropriate angle of syringe/needle. |  |  |  |
|  | Hold the syringe in place for \_\_\_\_\_\_\_\_\_\_\_ seconds after administering the medication. |  |  |  |
|  | Withdraw the needle and apply \_\_\_\_\_\_\_\_\_\_\_\_\_\_ pressure with a gauze pad. |  |  |  |
|  | **\***Uses proper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ technique to activate safety immediately and dispose in sharps container. |  |  |  |
|  | **Subcutaneous Injections** |  |  |  |
|  | Hold syringe like a dart. |  |  |  |
|  | \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the skin with non-dominant hand. |  |  |  |
|  | **\***Do \_\_\_\_\_\_\_\_\_\_ aspirate, then administer medication with appropriate angle of syringe/needle. |  |  |  |
|  | Withdraw the needle and apply counter pressure with a gauze pad. |  |  |  |
|  | **\***Uses proper \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ technique to activate safety immediately and dispose in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |  |  |
|  | **Infection Control** |  |  |  |

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|  | \*Remove \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and wash hands. | | |  |  |  | |
|  | **Safety** | | |  |  |  | |
|  | \*Administers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dosages for all medications. | | |  |  |  | |
|  | \*Maintains \_\_\_\_\_\_\_\_\_\_\_\_\_ technique and safety measures throughout procedure. | | |  |  |  | |
|  | \*Accurately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ documents medication administration on \_\_\_\_\_\_\_\_\_\_\_. | | |  |  |  | |
|  | **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: | | | | | | | |