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| Employee LAST Name: | | Employee FIRST Name: | | Date: | |
| Employing Facility Name: | | | | | |
| The employee must demonstrate satisfactory ability to prepare, administer, and document the administration of medication utilizing the medication administration procedure in at least three trials. | | TRIAL | | | |
| | | 1 | 2 | 3 | 4 |
| | | Enter S = <i>Satisfactory</i> or U = <i>Unsatisfactory</i> | | | |
| Approach the task in a calm manner and allow no distractions | | | | | |
| Wash hands before and after medication administration | | | | | |
| Assemble appropriate equipment and unlock the Medication Storage Area | | | | | |
| 1 st Check | Compare the licensed practitioner's prescription / order with the medication administration record ensuring that the five rights match on both <i>(Right person, Right Medication, Right Dose, Right Time, Right Route)</i> | | | | |
| 2 nd Check | Compare the licensed practitioner's order with the pharmacy label on the medication container, ensuring that the five rights match on both. <i>(Check the concentration on the pharmacy label)</i> | | | | |
| 3 rd Check | Compare the pharmacy label and the medication administration record ensuring that the five rights match on both | | | | |
| Pour the correct dose of medication | | | | | |
| Identify the correct person | | | | | |
| Administer the medication properly – utilizing the proper technique | | | | | |
| For oral medications, perform a mouth check. Ensure that the medication has been swallowed | | | | | |
| Document appropriately on the medication administration record | | | | | |
| Return the medication to the locked area and clean up. | | | | | |
| Comments: | | | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| Endorsed Instructor's Signature: | | | Student Signature: | | |