



STATE OF CONNECTICUT DEPARTMENT OF CHILDREN & FAMILIES

DCF Medication Administration Program
Medication Administration Procedure Checklist

EMPLOYEE NAME:	DATE:
EMPLOYING FACILITY:	

<i>The employee must demonstrate satisfactory ability to prepare, administer, and document the administration of medication utilizing the med admin procedure in at least three trials.</i>		T R I A L	T R I A L	T R I A L	T R I A L
<u>S</u> = Satisfactory <u>U</u> = Unsatisfactory		1	2	3	4
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. Right Person, Right Medication, Right Dose, Right Time, Right Route.				
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. Check the concentration on the pharmacy label.				
3 RD Check	Compare the pharmacy label and the medication administration record ensuring that the five rights match on both.				
Pour the right 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:	PASS / FAIL:
EMPLOYEE SIGNATURE:	RN SIGNATURE: