



Medication Administration Skills Checklist

Person Trained _____ Position _____

Instructor _____ Date of Training _____

Medication Administration Skills	Demonstrate/Explain	Practice	Proficiency Demonstrated (yes or no) Initialed by instructor	Comments Instructor Initial Staff Initial (NA if non-applicable)
Procedure Guidelines				
Explains procedure to student if necessary.				
Washes hands before and after procedure.				
Define 5 Rights of medication administration				
1. Right Student —compare name of student to name on medication label. Ask student to state his/her first and last name. If student is unable to state his/her, a staff member who knows the student should be asked.				
2. Right Medication —compare medication name given by the student to the name on the bottle and on the medication administration form or care plan on file to ensure correct medication is being administered.				
3. Right Dose —compare dosage listed on medication bottle with dosage on the medication administration form or care plan. Be sure to know how medication is measured (tsp., cc, ml, pill, nasal spray)				
4. Right Route —medication is administered by the correct route (oral, nasal, inhaled, etc.) based on the medication label and the medication administration form and/or care plan.				
5. Right Time —medication should be given within 30 minutes of the time prescribed on the medication administration form or care plan.				



Right Documentation Each medication administration is documented either in Infinite Campus or on the School Clinic ledger.				
Checks expiration date on label.				
Maintains security of medication area—all medications should be retrieved from a locked area and immediately returned to a locked area.				
Can describe proper actions for the following 1) medication refusal, 2) no show for medications 3) field trips				
Can describe the procedure for errors in medication administration 1) how to document 2) who to report to (Principal/Nurse Supervisor)				
RCSS Provided Emergency Medications				
EpiPen: PowerPoint Presentation				
Has reviewed the district's PowerPoint Training				
States symptoms of allergic reaction, location of medicine and emergency care plan.				
Demonstrates, with trainer, correct procedure for administration.				
States follow-up procedures				
Albuterol: Power Point Presentation				
Has reviewed the district's Power Point training				
Recognizes the signs and symptoms of an asthma attack				
Knows the location of the student's Asthma Action Plan in the nurse's clinic				
Can answer if the student has a rescue inhaler on their person				
Narcan: Training Video/Training Poster				
Has reviewed the district's Power Point training				
Demonstrate the Lay, Spray, Stay procedure for a suspected opioid emergency.				



Be able to identify where the posters are for NARCAN administration				
Demonstrates correct procedure for administration of NARCAN.				
States follow-up procedures				
Emergency Medications				
Glucagon: Diabetic is unconscious and/or unresponsive				
States signs of hypoglycemia, location of medication and emergency care plan.				
Demonstrates mixing of medication in syringe (if necessary).				
Demonstrates proper injection technique, using correct site and techniques.				
Correctly states aftercare needed				
Diazepam/Diastat: (Rectal medication for Seizures)				
States understanding of medication order, location of medicine and emergency care plan				
Demonstrates proper positioning of child				
Demonstrates procedure for administering medication				
Correctly states aftercare needed				
Diazepam/Valtoco: (Nasal medication for Seizures)				
States understanding of medication order, location of medicine and emergency care plan				
Demonstrates proper positioning of child				
Demonstrates procedure for administering medication				
Correctly states aftercare needed				

Name of Student	Medical Diagnosis	Medication to administer	Date



Training/Supervision of School Personnel Administering Medications

I have provided in-service training to _____ to administer medications according to RCSS district policy and procedures. She/he has demonstrated knowledge and understanding of the policies and procedures listed above.

School Nurse Signature

Date

I have been instructed in the district's medication policy and administration procedures. I understand that I am to administer medications to students according to these procedures and as delegated to me by the Principal. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. I understand that I may not delegate this task to any other person.

Staff Signature

Date

Policy, procedures, and skills have been reviewed every 18 weeks.

Date of Review

School Nurse Signature

School Staff Signature

Date of Review

School Nurse Signature

School Staff Signature