

CRMA Medication Administration Skills Checklist

Date: _____ **Participant:** _____ **RN/CRMA Evaluator:** _____

All Clinical Medication Passes must be done in a licensed facility. Please put the name of the license facility and the location of this facility below.

Licensed Facility Name: _____ **Location:** _____

☒ = Completed

D = Discussed or Documented

Directions: The RN/CRMA Evaluator (depending on type of certificate needed) will observe the Participant perform each of the following tasks and place a checkmark in the appropriate column then return to the instructor the passed or failed skills checklist. Both the Participant and the Evaluator will sign and date this checklist to verify completion. Use one column for each medication pass.

TASK	Preformed Tasks						TASK	Preformed Tasks					
A. Verify Medication	1	2	3	4	5	6	F. Record, Count, and Sign for Controlled Substances	1	2	3	4	5	6
1. Compares MAR with Practitioner's order							1. Write Schedule II in Bound Book						
2. Identify types of orders*							2. Write in Individual Count Record						
B. Special Considerations							G. Store Medications*						
1. Verify instructions on label (shake, take before eating)							1. Medication Storage						
2. Review parameters, (time frames, usage)							2. Locked						
3. Check for contraindications/drug interactions/ all allergies (food, latex, drugs)							3. Double Locked						
4. Preparation of medication for leaves of absence*							4. Refrigeration						
5. Check for expiration dates/med lifespan*							H. Vital Signs						
C. Order/Reorder Medications*							1. Temperatures						
D. Transcribe orders to Medication Administration Record (MAR) To include a new order and a dosage change							2. Radial pulse						
							3. Apical pulse						
							4. Respirations						
							5. Blood Pressure						
E. Identification/Approach to resident							I. Pharmacy Deliveries*						

***Participants may not have the opportunity to practice these skills during the Clinical component of the CRMA course. Therefore, discussion, observation, or demonstration of these skills by facility personnel is appropriate. If a task is discussed in clinical, it only needs to be discussed once. Three Actual Medication passes must be done including all areas applicable to the pass.**

Task	Performed Task						Task	Performed Task					
J. Standard Precautions							O. Utilize Eight (8) rights	1	2	3	4	5	6
K. Antipsychotic/Psychotropic*							1. Right resident						
L. Compare label with MAR Three Checks	1	2	3	4	5	6	2. Right medication						
1. Pull-When reaching for med							3. Right Dose						
2. Pour-Before pouring							4. Right Route						
3. Put away-Before administration							5. Right Time						
M. Prepare Medications							6. Right to Know						
1. Count*							7. Right to Refuse						
2. Score*							8. Right Documentation						
3. Pour/Pop pill							P. Document Medication Administration						
4. Crush*							1. Initial/Document a medication on a MAR						
5. Mix*							2. Transcribe a standing order PRN medication						
6. Measure topical/liquid							Q. Document Medication Errors						
N. Disposal of Medications							1. Define medication error*						
1. Schedule II*							2. Document drop/contaminated medication						
2. Non-Schedule*							3. Complete Medication Error Report						
R. Administration of Medications													
1. Oral pill/Liquid							4. Vaginal/Rectal*						
2. Ear/Eye Drops*							5. Topical/Transdermal*						
3. Nose Sprays/Drops*							6. Inhaler*						

CRMA Medication Administration Skills Checklist Results: ☐ PASS ☐ FAIL

Participant's Signature

Date

RN/CRMA Signature

Date

DISCUSSION SHEET

To be used for those items discussed or documented during the classroom and clinical components.

Task (Letter or letter and number)	Documentation/Answer
*	Items marked with a "D" were discussed in class and/or during the med pass