

Medication Administration Skills Checklist



Contact your school Registered Nurse for your performance check and form completion

Name: _____ School: _____

SKILL	Trainer	Trainee	Performs skill in accordance to written guidelines	Requires further instruction & Supervision
	Initial	Initial	Date	Date
1. Demonstrate Knowledge of location of medication/treatment guidelines.				
2. Wash hands before assisting with medication administration.				
3. Ask student to state first and last name. Check student's identity with name on the medication container label, check for second and third student identifier.				
4. Compare medication container label with Medication/Treatment Authorization form and Medication/Treatment Administration Log and or EMR.				
5. Give proper dose of medication by the correct route as indicated on medication container label and Medication/Treatment Authorization Form, and Medication/Treatment Administration Log and or EMR.				
6. Give medication at the time indicated on the Medication/Treatment Authorization Form and Medication /Treatment Administration Log and or EMR.				
7. Remove dose of medication from container without touching medication and assist in administering by proper route.				
8. Document medication administration on student's Medication/Treatment Administration Log and or EMR as soon as medication is taken.				
9. Return medication to locked drawer, cabinet, or refrigerator box.				

School Nurse/Designated Trainer Signature _____ Date: _____

Trainee Signature: _____ Date: _____