|  |  |
| --- | --- |
| **General Medication Administration****Skills Checklist** | **Date Skill Verbalized / Demonstrated** |
| 1. **Knows policy on medication**
 |  |  |  |
| 1. All medications (prescription and over-the-counter) need a request for medication administration form signed by a licensed health care provider (LHP) and parent/guardian and approved by the school nurse before medications are given.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Medications are to be in prescription bottle or original pharmacy container.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Medications are stored in locked drawer or cabinet.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Only designated and trained staff members or school nurses may give medications at school.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Medication administration records will be maintained on each student receiving medications at school.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Procedure as forms and medications are**

**received by staff** |  |  |  |
| 1. Medication folder contains the following:
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Signed parent/guardian and LHP request forms.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. District medication administration policy/procedure.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Medication administration record.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. List of trained staff able to administer medication (copy of skills sheet).
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Poison Control phone number
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Familiarize oneself with the medication that each student is taking.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Check possible side effects for each medication (list on form).
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Check and compare Medication Request Form/Record-Log and medication label to assure that the **SIX RIGHTS** for medication administration can be followed (everything should match and school nurse must have signed off on it):
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** student (medication form could include student’s picture)
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** medication
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** dose
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** time
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** route
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** documentation
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Transfer student’s medication information on Medication Request Form to Medication Administration Record on back of form (to be done by the nurse).
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Count the number of pills in bottle and record, initial, and date.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **C. General principles for administering medication** |  |  |  |
| 1. Wash hands.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Check and compare Medication Request Form/Record-Log and medication label to assure that the **SIX RIGHTS** for medication administration are followed (everything should match):
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** student
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** medication
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** dose
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** time
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** route (oral, eye, ear, nasal, topical, nasal spray – please see below)
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. **Right** documentation
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. If the information on record does not match medication container.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Call school nurse for instructions
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| * 1. Parent/guardian may give medication until situation is resolved
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. **Do NOT touch medication with your hands.**
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. For any changes in medication, a new parent/guardian/LHP Medication Request Form and newly labeled bottle is needed before medication can be administered at school. If changes are requested immediately, call RN.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Medication may be discontinued at any time by the parent/guardians, either verbally or in writing, when approved by the RN, with input from LHP.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Any problems or concerns should be communicated to parent/guardians and/or school nurse.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and had an opportunity to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer medications as outlined above

during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of solid oral medication during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_school year.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Registered Nurse signature Date***