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| --- | --- | --- | --- |
| **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***