Oral Medications (Tablets/Capsules)

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies: Medication cup, pill cutter, appropriate measuring device, etc.		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
13	Open medication container and dispense correct number of tablets/capsules into lid of container Note: Do not touch medication or inside of bottle or lid		
14	Pour the medication dose into a small medication cup		
15	Replace the lid on the medication container		
16	Take medication and supplies to the child and discuss the procedure		
17	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
18	Put on gloves		
19	Have child place tablet/capsule in mouth directly from the medication cup or assist the child with placing tablet/capsule in mouth		

	Performance Action	Yes	No
20	Allow child time to swallow medication		
21	Give child a drink of water (if allowed)		
22	Ensure the medication is swallowed and observe for choking or spitting out medication		
23	Remove Gloves		
24	Wash Hands		
25	Document medication given on the child's medication record		
26	Return medication container to proper storage area		
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		
Con	npetency Skill Assessment Attempt #:	Score: <u>/29</u>	<u>.</u>
Inst	ructor's Signature: Date:		

Student's Signature:	

Oral Medications (Liquids)

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies: Medication cup, appropriate measuring device, etc.		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
	Note: Do not mix liquid medications together. Do not mix with food/drink unless directions clearly state to do so.		
11	Check the expiration date on the bottle		
12	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
13	Open medication container and pour into appropriate measuring device		
	Note: When pouring medication , tilt the bottle with medication label pointing up towards palm of hand to prevent spilling on label		
14	Ensure the medication does not drip/spill onto label		
15	Look at measuring device to determine if accurate dose has been measured		
	Note: some medications may form a dome or saucer appearance when they are poured into a medication measuring cup		
16	Replace the lid on the medication container		
17	Take medication and supplies to the child and discuss the procedure		

	Performance Action	Yes	Γ
18	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
19	Put on gloves		
20	Have child place medication cup to mouth or assist the child with placing medicatio cup to mouth	n	
21	Allow child time to swallow medication		T
22	Give child a drink of water (if allowed)		
23	Ensure the medication is swallowed and observe for choking or spitting out medication		
24	Remove Gloves		-
25	Wash Hands		+
26	Document medication given on the child's medication record		
27	Return medication container to proper storage area		+
28	Clean medication preparation area and supplies		┢
29	Return unused equipment/supplies to storage area		+
30	Observe child for adverse reactions to medication		
Cor	npetency Skill Assessment Attempt #:	Score: <u>/30</u>	<u> </u>
Inst	ructor's Signature: Date:		

Student's Signature:	Date:	

Topical Medications

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies: Gauze pads, clean/sterile water, clean bandage, etc.		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure (if available)		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position child		
16	Put on gloves		
17	Remove bandage: Notice the color, thickness, and smell of any drainage		
18	Discard soiled bandage		
19	Remove gloves		
20	Wash hands		

	Performance Action	Yes	No
21	Reposition child		
22	Put on gloves		
23	Use clean (or sterile) water and gauze to clean skin wound Note: Do not reuse gauze Use a sterile gauze pad for each wipe	2.	
24	Discard soiled gauze and gloves		
25	Wash hands		
26	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
27	Reposition child		
28	Put on gloves		
29	Place medication on clean gauze pad		
30	Administer medication		
31	Reapply clean bandage		
32	Remove gloves		
33	Wash hands		
34	Replace cap/lid on medication		
35	Document medication given on the child's medication record		
36	Return medication container to proper storage area		
37	Clean medication preparation area and supplies		
38	Return unused equipment/supplies to storage area		
39	Observe child for adverse reactions to medication		
Con	npetency Skill Assessment Attempt #:	Score: <u>/39</u>	<u> </u>
Inst	ructor's Signature: Date:		

MEDICATION ADMINISTRATION SKILLS COMPETENCY 2017

Eye Drops/Ointments

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies:		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure (if available)		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position child		
16	Put on gloves		
17	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
18	Administer the medication into the lower eyelid without touching dropper or tube to any part of eye		
19	Have child close eyes		

	Performance Action		Yes	No
20	May allow child to hold a tissue to blot excess medication			
21	Remove gloves			
22	Wash hands			
23	Replace cap/lid on medication			
24	Document medication given on the child's medication record			
25	Return medication container to proper storage area			
26	Clean medication preparation area and supplies			
27	Return unused equipment/supplies to storage area			
28	Observe child for adverse reactions to medication			
Cor	npetency Skill Assessment Attempt #:	Sco	ore: <u>/28</u>	
Inst	ructor's Signature:	Date:		

Student's Signature:	Date:	

Ear Drops

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies:		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position the child lying down on their side		
16	Put on gloves		
17	If ear canal is full of drainage, contact parent to determine if medication should be administered Note: Do not attempt to remove thick or dried drainage from ear canal		
18	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
19	Position the ear by gently pulling outer ear back and downward		

	Performance Action	Yes	No
20	Administer the medication into the ear using dropper without touching dropper to an	/	
	part of the ear		
21	May allow child to hold a tissue to blot excess medication		
22	Child must remain in side-lying position for several minutes		
23	If child is to receive medication in both ears, wait a minimum of 5 minutes before		
	repositioning		
24	Remove gloves		
25	Wash hands		
26	Replace cap/lid on medication		
27	Document medication given on the child's medication record		
28	Return medication container to proper storage area		
29	Clean medication preparation area and supplies		
30	Return unused equipment/supplies to storage area		
31	Observe child for adverse reactions to medication		
Cor	npetency Skill Assessment Attempt #: Sc	ore: <u>/31</u>	<u> </u>
Inst	ructor's Signature: Date:		

Student's Signature:	Date:	

Nasal Drops/Sprays

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies:		
3	Review medication record		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Position child lying down or sitting with head tilted back		
16	If nose is full of drainage, contact parent to determine if medication should be administered Note: Do not attempt to remove thick or dried drainage from deep in the nose		
17	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
18	Drops: Administer the medication into the nose using dropper without touching the dropper to any part of the nose		

	Performance Action	Yes	No
19	Spray: Gently close one nostril while administering medication into the other nostril		
	Spray medication into nostril as child sniffs. Repeat with the other nostril		
20	May allow child to hold a tissue to blot excess medication		
21	Remove Gloves		
22	Wash hands		
23	Replace cap/lid on medication		
24	Document medication given on the child's medication record		
25	Return medication container to proper storage area		
26	Clean medication preparation area and supplies		
27	Return unused equipment/supplies to storage area		
28	Observe child for adverse reactions to medication		
Cor	npetency Skill Assessment Attempt #:	Score: <u>/28</u>	1
Inst	ructor's Signature: Date:		

Student's Signature: _____

Inhalation Medications: Metered Dose Inhaler (MDI)

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies: spacer		
3	Review medication record and written health care or action plan		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time: Verify time of last dose given		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation: Inhalers may need to be shaken before use		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
16	Put on gloves		
17	Position child sitting comfortably		
18	Attach spacer to inhaler		
19	Very young child: Place spacer into child's mouth, instruct child to take a slow deep breath as you depress inhaler		

	Performance Action	Yes	No
20	Older Child: Have child place spacer in mouth. Instruct child to depress inhaler as the	у	
	inhale slowly and deeply (Child should hold breath for at least 10 seconds)		
21	Repeat steps if a second dose is prescribed		
22	Replace cap on inhaler		
23	Remove Gloves		
24	Wash Hands		
25	Document medication given on the child's medication record		
26	Return medication container to proper storage area		
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		
Con	npetency Skill Assessment Attempt #:	icore: <u>/29</u>	1
Inst	ructor's Signature: Date:		

Student's Signature: _____

Inhalation Medications: Nebulizer

	Performance Action	Yes	No
1	Wash Hands		
2	Identify and gather supplies: Quiet activity, nebulizer equipment and small waste receptacle		
3	Review medication record and written health care or action plan		
4	Read label on medication container and compare with medication record and authorization form (Medication check #1)		
5	Identify the Right Child		
6	Identify the Right Medication		
7	Identify the Right Dose		
8	Identify the Right Time: Verify time of last dose given		
9	Identify the Right Route		
10	Read medication label for special instructions or preparation		
11	Check the expiration date on the bottle		
12	Ask an assistant to help with the procedure		
13	Read label on medication container and compare with medication record and authorization form (Medication check #2)		
14	Take medication and supplies to the child and discuss the procedure		
15	Review the medication label and again compare with medication record and authorization form (Medication check #3)		
16	Put on gloves, put the medication in reservoir and prepare the nebulizer equipment		
17	Position child		
18	Infants: Place mask over child's nose and mouth.		
19	Young child: Place mouthpiece or mask over child's nose and mouth. Ask child to take slow, deep breaths		

	Performance Action	Yes	No
20	Older Child: Have child place mouth piece or mask. Ask child to inhale slowly and deeply		
21	Nebulizer may trigger coughing or vomiting. Have tissues and a small waste receptacle available		
22	Have the assistant remain with the child for a few minutes after medication administration		
23	Remove Gloves		
24	Wash Hands		
25	Document medication given on the child's medication record		
26	Return medication container to proper storage area		
27	Clean medication preparation area and supplies		
28	Return unused equipment/supplies to storage area		
29	Observe child for adverse reactions to medication		
Cor	npetency Skill Assessment Attempt #: Sco	ore: <u>/29</u>	
Inst	ructor's Signature: Date:		

Student's Signature: _____