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| **Ear Drops Skills Checklist** | **Date Skill Verbalized / Demonstrated** |
| 1. Follow the Six Rights of Medication Administration: **Right** student, **Right** medication, **Right** dose, **Right** time, **Righ**t route and **Right** documentation.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 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. Put on gloves.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Loosen lid on medication and squeeze rubber stopper to fill the dropper.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Stabilize the student’s head by tilting it toward the opposite shoulder and turn head to the side or have them lie down on their side.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Gently pull the top of the ear (cartilage) back and up and hold. Description: cid:image003.jpg@01C9C4BD.481DDEF0
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Place the prescribed number of drops into the ear canal without touching the dropper to the ear.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Have the student remain in the same position for a few minutes to avoid leakage.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Remove gloves and wash hands.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Document on the Medication Request Form/ Record-Log that you have administered the medication.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Replace medication in locked storage area.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Observe the student for any medication reaction as appropriate.
 | 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 eye medication as outlined above during

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

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***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of eye medication.

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***Registered Nurse signature Date***