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| **Oral (Solid) Medication Administration** **Skills Checklist** | **Date Skill Verbalized / Demonstrated** |
| 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 (number of pills to give)
 | 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)
 | 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. Pour medication into the bottle lid and then into the disposable medicine cup holding the cup over a counter.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Provide the student with water or other substance that allows for easy swallowing.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Verify the student has swallowed the medication.
 | 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 Administration 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 the 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 solid oral medication as outlined above

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

Click or tap here to enter text.

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***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***