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| **Oral (Liquid) Medication Administration** **Skills Checklist** | **Date Skill Verbalized / Demonstrated** |
| 1. Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** 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. Have the container at eye level when measuring.
 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Holding the bottle so that the label is in the palm of the hand, pour the liquid into a plastic marked cup or other receptacle such as a medicine spoon or syringe. Pay attention to the markings on the container to make sure the dose is accurate.
 | 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 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 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.

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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.

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***Registered Nurse signature Date***