

Student Script for Safe Medication Administration

SN: Knock on door; wait a few seconds for a response.

SN: “Sir” / “Ma’am” or Mr. / Mrs. / Ms. _____?”

Pt: “Yes, come in.” *(If nothing heard, enter the room.)*

SN: Performs Hand Hygiene

SN: “Good morning/afternoon - My name is _____ and I have your medications that are due now.”

SN: “I need to verify the information on your armband - Please state your name & date of birth.”

SN: “Pt: “_____” *(SN takes arm in hand to view band)*

SN: “Yes, thank you. Now I’ll check your name, date of birth and hospital number against the medication administration record (eMAR).” *(SN compares then scans the patient’s armband looking for “Patient Account Verified” on screen)*

SN: “Are you allergic to any medications? *(SN looks for red allergy triangle on armband and compares stated allergies to eMAR.)*

Pt: “_____” *(SN verifies against eMAR)*

SN: “Is there anything else you are allergic to?”

Pt: “No, that is all.”

SN: “Mr./Mrs./Miss ____ I have your _____ *(medication name)*. It is _____ *(dose)*, and is scheduled for you to take _____ *(frequency)*. You take this medicine by _____ *(route)* because _____ *(reason)*. These are the side effects _____.

Are you ready to take your medicine now – do you have any questions/concerns? Any difficulty swallowing?” *(Allows the patient to question, voice concerns or refuse) (SN scans each med prior to opening)*

SN: Locates & clicks on the “Save” tab to secure all data entries *(Documentation – 7th Right).*

Note: If medication requires a vital parameter/nursing assessment or other special considerations, make sure all conditions are met before giving ANY medicine.