

## 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 – 7<sup>th</sup> Right*).

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