

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TABLET/CAPSULE, LOZENGE MEDICATIONS	RATIONALE
<p><input checked="" type="checkbox"/> 1. Washed hands.</p> <p><input checked="" type="checkbox"/> 2. Unlocked medication cabinet.</p> <p><input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered.</p> <p><input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration.</p> <p><input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.</p> <p><input checked="" type="checkbox"/> 6. Checked for allergies to medication.</p> <p><input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Right Individual <input type="checkbox"/> Right Medication <input type="checkbox"/> Right Date <input type="checkbox"/> Right Time <input type="checkbox"/> Right Route <input type="checkbox"/> Right Dose </p> <p><input checked="" type="checkbox"/> 8. Checked expiration date.</p> <p><input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet.</p> <p><input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time.</p> <p><input checked="" type="checkbox"/> 11. For medications in a bottle: poured correct number of tablets/capsules into the lid of the medication container and transferred them into a medication cup. For medications in a 'bubble pack': started at the highest number, pushed the correct dosage into a medication cup, and wrote the date and their initials on the card next to the dosage(s) popped out. For lozenges: unwrapped the lozenge and transferred it into a medication cup.</p> <p><input checked="" type="checkbox"/> 12. Compared medication label against individual's medication sheet for the 3rd time.</p> <p><input checked="" type="checkbox"/> 13. Identified individual prior to administration of medication.</p> <p><input checked="" type="checkbox"/> 14. Explained to individual what is to be done.</p> <p><input checked="" type="checkbox"/> 15. Administered correct dose of medication by instructing individual to swallow meds (offered min. 4 oz. water). If the medication is in lozenge form, instructed individual not to chew or swallow; the lozenge needs to dissolve in their mouth.</p> <p><input checked="" type="checkbox"/> 16. For swallowed medication: remained with individual until medication was swallowed. For lozenges: remained in same area of the individual until the lozenge was completely dissolved. Checked to ensure individual did not chew or swallow the lozenge.</p> <p><input checked="" type="checkbox"/> 17. Returned medication to locked area.</p> <p><input checked="" type="checkbox"/> 18. Disposed of used supplies.</p> <p><input checked="" type="checkbox"/> 19. Washed hands.</p> <p><input checked="" type="checkbox"/> 20. Charted medication administered correctly.</p>	<p>1. To prevent the spread of disease.</p> <p>2. To ensure individual safety, medications are kept locked.</p> <p>3. To review correct medication orders.</p> <p>4. To be organized.</p> <p>5. To be informed about the medication being given.</p> <p>6. To avoid giving medication that a person is allergic to.</p> <p>7. To prevent medication errors.</p> <p>8. To avoid administering ineffective medication.</p> <p>9. To know what steps to take.</p> <p>10. To verify accuracy of 1st check.</p> <p>11. To follow correct and sanitary procedures for medication administration.</p> <p>12. To verify accuracy of 2nd check.</p> <p>13. To avoid giving medication to the wrong individual.</p> <p>14. To ensure individual understands medication procedure.</p> <p>15. To administer medication as ordered.</p> <p>16. To ensure entire dose is taken.</p> <p>17. To ensure individual safety, medications are kept locked.</p> <p>18. To clean the area.</p> <p>19. To prevent the spread of disease.</p> <p>20. To follow policy and procedure on medication administration and documentation.</p>

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

ORAL LIQUID MEDICATIONS	RATIONALE						
<ol style="list-style-type: none"> <input checked="" type="checkbox"/> 1. Washed hands. <input checked="" type="checkbox"/> 2. Unlocked medication cabinet. <input checked="" type="checkbox"/> 3. Checked individual's monthly medication sheet to determine medications to be administered. <input checked="" type="checkbox"/> 4. Assembled equipment necessary for administration. <input checked="" type="checkbox"/> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <input checked="" type="checkbox"/> 6. Checked for allergies to medication. <input checked="" type="checkbox"/> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 20px;">___ Right Individual</td> <td>___ Right Medication</td> </tr> <tr> <td>___ Right Date</td> <td>___ Right Time</td> </tr> <tr> <td>___ Right Route</td> <td>___ Right Dose</td> </tr> </table> <input checked="" type="checkbox"/> 8. Checked expiration date. <input checked="" type="checkbox"/> 9. Identified what to do if medication label does not match medication sheet. <input checked="" type="checkbox"/> 10. Compared medication label against individual's medication sheet for the 2nd time. <input checked="" type="checkbox"/> 11. Shake the medication if it is a suspension. <input checked="" type="checkbox"/> 12. Poured the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon. If indicated: diluted or dissolved medication with the correct amount of fluid. <input checked="" type="checkbox"/> 13. Wiped around the neck of the bottle with a damp paper towel, if needed, and replaced the cap. <input checked="" type="checkbox"/> 14. Compared medication label against individual's medication sheet for the 3rd time. <input checked="" type="checkbox"/> 15. Identified individual prior to administration of medication. <input checked="" type="checkbox"/> 16. Explained to individual what is to be done. <input checked="" type="checkbox"/> 17. Administered correct dose of medication according to directions and in the appropriate container. <input checked="" type="checkbox"/> 18. Remained with individual until medication is swallowed. <input checked="" type="checkbox"/> 19. Returned medication to locked area. <input checked="" type="checkbox"/> 20. Disposed of used supplies. <input checked="" type="checkbox"/> 21. Washed hands. <input checked="" type="checkbox"/> 22. Charted medication administered correctly. 	___ Right Individual	___ Right Medication	___ Right Date	___ Right Time	___ Right Route	___ Right Dose	<ol style="list-style-type: none"> 1. To prevent the spread of disease. 2. To ensure individual safety, medications are kept locked. 3. To review correct medication orders. 4. To be organized. 5. To be informed about the medication being given. 6. To avoid giving medication that a person is allergic to. 7. To prevent medication errors. 8. To avoid administering ineffective medication. 9. To know what steps to take. 10. To verify accuracy of 1st check. 11. To ensure even dispersion of medication. 12. To ensure correct dose is poured, label is easy to read and preserved, and correct administration procedures are followed: 13. To maintain cleanliness of bottle. 14. To verify accuracy of 2nd check. 15. To avoid giving medication to the wrong individual. 16. To ensure individual understands medication procedure. 17. To follow correct procedure for administration. 18. To ensure entire dose is taken. 19. To ensure individual safety, medications are kept locked. 20. To clean the area. 21. To prevent the spread of disease. 22. To follow policy and procedure on medication administration and documentation.
___ Right Individual	___ Right Medication						
___ Right Date	___ Right Time						
___ Right Route	___ Right Dose						

EYE MEDICATIONS	RATIONALE
<ol style="list-style-type: none"> ✓ 1. Washed hands. ✓ 2. Unlocked medication cabinet. ✓ 3. Checked individual's monthly medication sheet to determine medications to be administered. ✓ 4. Assembled equipment necessary for administration. ✓ 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. ✓ 6. Checked for allergies to medication. ✓ 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <ul style="list-style-type: none"> ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose ✓ 8. Checked expiration date. ✓ 9. Identified what to do if medication label does not match medication sheet. ✓ 10. Compared medication label against individual's medication sheet for the 2nd time. ✓ 11. Compared medication label against individual's medication sheet for the 3rd time. ✓ 12. Identified individual prior to administration of medication. ✓ 13. Explained to individual what is to be done. ✓ 14. Had individual sit or lie down. ✓ 15. Put on gloves. ✓ 16. Observed eye(s) and notified PL/DC of any unusual conditions prior to administration. ✓ 17. Cleansed the eye once with a clean, warm, wet cloth, gently wiping from the inner corner outward (if medication is used in both eyes, used a separate cloth for each eye). ✓ 18. Assisted or asked individual to tilt their head back and to look up. ✓ 19. Pulled correct lower eyelid down and upper lid up to form a 'pocket' or asked individual to do so. ✓ 20. For eye ointment: administered ¼ inch strand of eye ointment from inner corner to outer corner of lower eyelid. Had individual slowly blink or close their eyes. For eye drops: administered drops into the lower eyelid. Had individual slowly blink or close their eyes. ✓ 21. Avoided touching the tip of the dropper or tube to individual's eyelid(s) or any other surface then replaced cap on container. ✓ 22. Offered individual tissue for each eye or blotted individual's eye with separate tissues. ✓ 23. Returned medication to locked area. ✓ 24. Disposed of used supplies. ✓ 25. Washed hands. ✓ 26. Charted medication administered correctly. 	<ol style="list-style-type: none"> 1. To prevent the spread of disease. 2. To ensure individual safety, medications are kept locked. 3. To review correct medication orders. 4. To be organized. 5. To be informed about the medication being given. 6. To avoid giving medication that a person is allergic to. 7. To prevent medication errors. 8. To avoid administering ineffective medication. 9. To know what steps to take. 10. To verify accuracy of 1st check. 11. To verify accuracy of 2nd check. 12. To avoid giving medication to the wrong individual. 13. To ensure individual understands the medication procedure. 14. To ensure most effective position for proper administration. 15. To follow proper sanitary procedures. 16. To notify PL/DC of conditions to be monitored. 17. To avoid spreading infection and to ensure proper eye hygiene. 18. To make eye area accessible. 19. To administer drop or ointment by minimizing blink reflex. 20. To follow correct medication administration procedure. 21. To prevent contamination of medication. 22. To wipe away excess medication and avoid spreading infection. 23. To ensure individual safety, medications are kept locked. 24. To clean the area. 25. To prevent the spread of disease. 26. To follow policy and procedure on medication administration and documentation.

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Pre-train

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7/22/25

STAFF NAME:

STAFF EVALUATING THE SKILLS:

INSERT DATE SKILL WAS OBSERVED BY EACH NUMBER.

Have the "Safe Medication Assistance & Administration" in hand and review with this document.

You only need to do the demonstrated observed skill for the routes of administration that you will be using. Later, if you find out that someone now has eye drops that need to be administered, staff will need to do the demonstrated observed skill prior to administration. Example: someone gets pink eye and needs an eye antibiotic administered every 4 hours, then you will need to get that route completed prior to actual administration.

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

EAR DROP MEDICATIONS

RATIONALE

1. Washed hands.
2. Unlocked medication cabinet.
3. Checked individual's monthly medication sheet to determine medications to be administered.
4. Assembled equipment necessary for administration.
5. Named 2 sources to find the purpose, side effects, and any warnings for the medication.
6. Checked for allergies to medication.
7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for:

<input type="checkbox"/>	Right Individual	<input type="checkbox"/>	Right Medication
<input type="checkbox"/>	Right Date	<input type="checkbox"/>	Right Time
<input type="checkbox"/>	Right Route	<input type="checkbox"/>	Right Dose
8. Checked expiration date.
9. Identified what to do if medication label does not match medication sheet.
10. Compared medication label against individual's medication sheet for the 2nd time.
11. Compared medication label against individual's medication sheet for the 3rd time.
12. Identified individual prior to administration of medication.
13. Explained to individual what is to be done.
14. Had individual sit or lie down.
 If sitting: individual tilted head sideways until affected ear was as horizontal as possible.
 If lying down: individual turned head so affected ear was up.
15. Put on gloves.
16. Observed ears and notified PL/DC of any unusual condition prior to administration.
17. Administered the correct number of drops into the correct ear. **Adult:** pulled the ear gently backward and upward. **Child:** pulled the ear gently backward and downward.
18. Had individual remain in the required position for two to three minutes.
19. Had individual hold head upright while holding a tissue against ear to soak up any excess medication that may drain.
20. Repeated procedure for other ear, if necessary.
21. Avoided touching the tip of the dropper to individual's ear or any other surface then replaced cap on container.
22. Returned medication to locked area.
23. Disposed of used supplies.
24. Washed hands.

1. To prevent the spread of disease.
2. To ensure individual safety, medications are kept locked.
3. To review correct medication orders.
4. To be organized.
5. To be informed about the medication being given.
6. To avoid giving medication that a person is allergic to.
7. To prevent medication errors.
8. To avoid administering ineffective medication.
9. To know what steps to take.
10. To verify accuracy of 1st check.
11. To verify accuracy of 2nd check.
12. To avoid giving medication to the wrong individual.
13. To ensure individual understands the medication procedure.
14. To ensure most effective position for proper administration.
15. To follow proper sanitary procedures.
16. To notify PL/DC of conditions to be monitored.
17. To avoid dosage and route errors and to straighten ear canal for most effective administration.
18. To keep medication from dripping out of ear.
19. To wipe away any excess medication.
20. To administer medication as ordered.
21. To prevent contamination of the medication.
22. To ensure individual safety, medications are kept locked.
23. To clean the area.
24. To prevent the spread of disease.

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Re-train Sundus Abdinour
7/22/25

<input checked="" type="checkbox"/> 25. Charted medication administered correctly.	25. To follow policy and procedure on medication administration and documentation.
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DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

DEMONSTRATION CHECKLIST FOR ADMINISTRATION AND DOCUMENTATION OF MEDICATIONS

TOPICAL/TRANSDERMAL SKIN MEDICATIONS

RATIONALE

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| <ul style="list-style-type: none"> <u>A</u> 1. Washed hands. <u>b</u> 2. Unlocked medication cabinet. <u>b</u> 3. Checked individual's monthly medication sheet to determine medications to be administered. <u>b</u> 4. Assembled equipment necessary for administration. <u>b</u> 5. Named 2 sources to find the purpose, side effects, and any warnings for the medication. <u>S</u> 6. Checked for allergies to medication. <u>b</u> 7. Removed medication from individual's supply and compared the medication label against individual's medication sheet for: <ul style="list-style-type: none"> ___ Right Individual ___ Right Medication ___ Right Date ___ Right Time ___ Right Route ___ Right Dose <u>b</u> 8. Checked expiration date. <u>b</u> 9. Identified what to do if medication label does not match medication sheet. <u>b</u> 10. Compared medication label against individual's medication sheet for the 2nd time. <u>A</u> 11. Compared medication label against individual's medication sheet for the 3rd time. <u>b</u> 12. Identified individual prior to administration of medication. <u>b</u> 13. Explained to individual what is to be done. <u>b</u> 14. Positioned individual if indicated. <u>b</u> 15. Observed body area(s) and notified RN of any unusual conditions prior to administration. <u>b</u> 16. If indicated, washed and dried affected area. <u>b</u> 17. Put on gloves. <u>22</u> 18. For ointment or cream: squeezed ointment or cream onto finger or applicator, then applied correct amount of ointment or cream as needed to adequately cover the affected area. Applied medication in a circular motion from the outside of the affected area into the center. New glove or applicator was used for larger areas requiring extra ointment or cream to avoid "double dipping."
For transdermal patches: removed old patch and selected new patch site. Unwrapped new patch (signed and dated patch) and applied to clean, dry skin on upper torso (which is free of hair, cuts, sores, or irritation), unless indicated otherwise. <u>b</u> 19. Replaced cap on container and avoided contact with other surfaces. <u>A</u> 20. Disposed of used supplies. <u>b</u> 21. Returned medication to locked cabinet. <u>b</u> 22. Washed hands. <u>b</u> 23. Charted medication administered correctly. | <ul style="list-style-type: none"> 1. To prevent the spread of disease. 2. To ensure individual safety, medications are kept locked. 3. To review correct medication orders. 4. To be organized. 5. To be informed about the medication been given. 6. To avoid giving medication that a person is allergic to. 7. To prevent medication errors. 8. To avoid administering ineffective medication. 9. To know what steps to take. 10. To verify accuracy of 1st check. 11. To verify accuracy of 2nd check. 12. To avoid giving medication to the wrong individual. 13. To ensure individual understands medication procedure. 14. To provide comfort and to gain access to correct body area. 15. To notify RN of conditions to be monitored. 16. To enhance absorption of the medication. 17. To avoid staff absorption of the medication. 18. To administer medication as ordered and to verify date and person who administered the dose. 19. To avoid spillage of medication and to prevent contamination of medication. 20. To clean the area. 21. To ensure individual safety, medications are kept locked. 22. To prevent the spread of disease. 23. To follow policy and procedure on medication administration and documentation. |
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