



Medication Administration Skills Checklist

Person Trained _____ Position _____ Date _____

School/Work Site _____

General Medication, Asthma, and Epinephrine

Procedure Guidelines	Validation Staff Trainee Initials/Date	Validation School Nurse Initials/Date
Wash hands before and after procedure.		
Compares labeled medication container with written order.		
Acknowledges and uses the six medication rights. *Right Student *Right Medication *Right Dose *Right Time *Right Route *Documentation		
Reads label 3 times and checks expiration date.		
Observes self-administration of all medications.		
Documents medication correctly on the medication administration record.		
Maintains security of medication/area.		
Describes proper actions for medication refusal, field trips, and medication error.		
States appropriate times/situations for notification of school nurse.		
Identifies location of the Asthma Action Plan.		
Devices used for asthma.		
Identifies severe asthma signs/symptoms indicating need for EMS.		
Identifies location of Severe Allergy Action Plan		

States signs/symptoms of allergic reactions		
States locations of epinephrine auto-injectors for individuals and general student population.		
Demonstrates with trainer correct procedure for administration.		
States correct aftercare		

I have provided training to the staff member named above to assist students with self-administration of medication at school according to State Guidelines and CMCSS policy and procedures. She/He has demonstrated knowledge and understanding through demonstration and testing.

District Registered Nurse Signature

Date

I have observed the trainee demonstrate the skill of epinephrine auto injector as delegated by the district RN. The trainee can identify students with severe allergic reactions/asthma and is aware of where to find their Individual Healthcare Plan.

School Nurse Signature

Date

I have been instructed in the CMCSS medication policy and administration procedures. I understand that I am to assist with the self-administration of medications to students according to these procedures as delegated to me. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. I understand that I may not delegate this task to any other person.

Staff Signature

Date