



Medication Administration Skills Checklist

Person Trained _____ Position _____ Date _____

School/Work Site _____

Seizures

Procedure Guidelines:	<u>Trainee Initials</u> of acknowledgement/ comments	<u>R.N.</u> Initials acknowledgement of skills
Basic understanding of seizures, different types and characteristics of each.		
Knowledge of Seizure Action Plan and Medication order.		
Understands immediate seizure first aid including CPR techniques.		
Acknowledges and uses the six medication rights. *Right Student *Right Medication *Right Dose *Right Time *Right Route *Right Documentation		
Demonstrates/Verbalizes how to appropriately administer emergency seizure medication following the medication order.		
States correct steps to follow after the administration of the emergency medication.		
Maintains security of medication at all times.		
States proper disposal of unused medication.		
Understands when to call EMS.		
I am currently CPR certified Yes No	Date that my CPR certification will expire _____	

I have provided training to the staff member named above to administer prescribed emergency medications for seizures in accordance with State Guidelines and CMCSS policy and procedures. She/He has demonstrated knowledge and understanding through demonstration and written or verbal testing.

R.N. Signature

Date

I have been instructed in the CMCSS policy and administration procedures for administering prescribed emergency medications. I understand that CPR certification must be maintained for this training to be valid and I cannot delegate this task to any other person. I understand this training is required annually and if CPR certification expires the training must be completed again.

Staff Signature

Date