

Administration of Oral Medication

Student Name: _____

Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____

Satisfactory*

Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____

Satisfactory*

Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____

Satisfactory*

Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<p><u>Assessment</u></p> <p>1. Avoid distractions</p> <p>2. Check patient's chart for</p> <ol style="list-style-type: none"> a. **Allergies b. Parameters for holding medication (e.g. labs, Apical HR, BP, physical assessment) c. NPO status d. Swallowing problems e. Fluid restrictions 			
<p>3. Check Medication Administration Record (MAR)</p> <ol style="list-style-type: none"> a. Date b. Patient name c. Drug name and dosage d. Time for administration e. Route of administration 			
<p><u>Planning</u></p> <p>4. Identify expected outcomes: know actions, special nursing considerations, safe dose ranges, purpose of administration, and adverse effects of medications to be administered.</p>			
<p>5. Identify what teaching you might need to provide to the patient.</p>			
<p>6. Gather equipment</p> <ol style="list-style-type: none"> a. EHR b. Medication cup(s) and tray c. Water if appropriate 			
<p><u>Implementation</u></p> <p>7. Go to med cart</p> <ol style="list-style-type: none"> a. **Perform hand hygiene 			
<p>8. Prepare medication for only one patient at a time</p> <ol style="list-style-type: none"> a. Read MAR and select correct medication b. State the ** 6 rights of medication administration comparing the medication to the MAR. ** (First Check). c. Check expiration date. Repeat if more than one medication is to be administered. 			
<p>9. Compare MAR to label on medication container (Long Term Care Card, Pyxis, unit dose package, bottle...), verifying correct medication.</p> <ol style="list-style-type: none"> a. State the **6 rights of medication administration comparing the medication to the MAR** (Second Check). b. Repeat as necessary for each medication to be administered. 			
<p>10. Verbalize that you will calculate correct amount of drug to be given.</p>			
<p>11. Verify Medication</p> <ol style="list-style-type: none"> a. Put each unopened medication in a separate medication cup (Do not open medication wrapper until at the bedside after performing appropriate assessments) b. Carry medications on a tray, and bring MAR to patient's room. 			

PERFORMANCE BEHAVIORS	*S	*U	COMMENTS
12. Upon entering room <ul style="list-style-type: none"> a. **Perform hand hygiene b. Be aware of your spatial safety, have call light within reach c. Identify self d. **Identify patient using two forms of identification (i.e., name, birth date, medical record number) while comparing EHR to patient wrist band e. **Ask patient if he or she has any allergies and check for allergy band f. Ensure privacy g. Explain what is about to occur and what medications will be administered h. Allow for patient questions i. Raise bed to comfortable working height j. **Perform necessary assessments (i.e. apical heart rate, blood pressure, pain). Determine if medication should be held. 			
13. Position patient to facilitate comfort and swallowing of medications.			
14. Prepare for administration <ul style="list-style-type: none"> a. Scan patient wrist band b. Scan medications c. State the ** 6 rights of medication administration comparing the medication to the MAR. ** (Third Check). 15. **Correctly record medication on MAR <ul style="list-style-type: none"> a. Any pertinent collected data such as pain level, BP, pulse b. Medication given and dose c. Time and route 			
16. Administer medications <ul style="list-style-type: none"> a. Offer water or other permitted fluids with pills, capsules, tablets, and some liquid medications. b. Ask patient's preference about taking medication by hand or in a cup, one pill at a time or all at once. c. If medication falls on the floor, discard it appropriately and administer a new one. d. When pouring liquid medication, set the cup on flat surface and read the level of liquid at the lowest point of meniscus. Palm the label of the bottle e. Record any fluid intake if I&O measurement is ordered. 			
17. Remain with patient and check to be sure each medication has been swallowed.			
25. Before leaving room <ul style="list-style-type: none"> a. **Reposition patient for comfort and safety b. ** Lower bed c. **Raise appropriate side rails d. **Leave call light and belongings inreach e. ** Perform hand hygiene f. Dispose of used equipment 			
<u>Evaluation</u> 23. Verbalize need to follow up on therapeutic effects on medication (BP, pulse, pain rating, fluid status, blood glucose, etc.) in timely manner.			

***S = Satisfactory, ^U = Unsatisfactory**

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