



SOUTH DAKOTA BOARD OF NURSING

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Medication Administration Clinical Skills Checklist

Complete this checklist for each student during the 4-hour clinical or skills lab portion of a medication administration training program or to evaluate annual competency of medication aide. *RN/LPN instructor to student/medication aide ratio must be 1:1.*

Prior to Medication Administration, the Student or Medication Aide:

<input type="checkbox"/>	Checked the medication administration record (MAR) and reviewed for completeness, accuracy, known allergies
<input type="checkbox"/>	Checked medication resources and references as needed
<input type="checkbox"/>	Clarified questions with the nurse
<input type="checkbox"/>	Washed hands
<input type="checkbox"/>	Collected needed items (e.g. med cup, water, straw)

During Medication Administration, the Student or Medication Aide:

<input type="checkbox"/>	Selected the right medication (e.g. from patient's med drawer)	
<input type="checkbox"/>	Completed the "Rights" of medication administration including right drug, dose, route, time, and patient	
<input type="checkbox"/>	Checked the expiration date of medication	
<input type="checkbox"/>	Prepared medication correctly (e.g. poured correct amount)	
<input type="checkbox"/>	Identified patient according to agency policy (e.g. checked patient ID bracelet against MAR, called resident by name, or used bar code scanner)	
<input type="checkbox"/>	Provided privacy as appropriate	
<input type="checkbox"/>	Explained medication procedure to patient	
<input type="checkbox"/>	Obtained & documented required measurements (e.g. blood pressure, pulse)	
<input type="checkbox"/>	Positioned patient appropriately to administer drug	
<i>Verify competency for each route a nurse will be delegating to the Medication Aide. If a route was not demonstrated and is later required, an instructor may provide education and may validate competency for that route at that time.</i>		
<input type="checkbox"/>	Administered medication appropriately and safely for the following routes:	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Following Medication Administration, the Student or Medication Aide:

<input type="checkbox"/>	Used appropriate infection control procedures according to agency policy (e.g. discarded med cup appropriately, washed hands)
<input type="checkbox"/>	Handled patient carefully and respectfully
<input type="checkbox"/>	Recorded the right documentation on the MAR according to agency policy
<input type="checkbox"/>	Reported and recorded patient observations/concerns

Nurse Instructor Name: _____ Date: _____

Student or Medication Aide Name: _____ Date: _____

Training Program Name or Employer Name: _____