Name of Person Being Observed _____ Date _____

HEALTHY FUTURES MEDICATION ADMINISTRATION SKILLS CHECKLIST

Circle the 'Y' in the "Yes" column, 'P' in the "Partial" column or 'N' in the "No" column to indicate if observed performance matches the details on this *SKILLS CHECKLIST*. Use the "Comments" column to indicate what needs improvement if performance of an item was not fully satisfactory.

Item to Check	Yes	Partial	No	Comments
RECEIVING MEDICATIONS				
Safety Check Person giving medication checks: □ Medication received meets criteria (original child-resistant container, label elements) □ Child health record on file □ Child had previous trial dose □ Parent gave information about when last dose was given, child's reaction to medication and medication administration techniques used at home	**Y**	**P**	**N**	
GIVING THE MEDICATION				
Prepare to Administer Medication □ Wash hands □ Prepare work area (clean/sanitize if needed) □ Take out medication (from locked storage) □ Relock locked storage if leaving storage area □ Check label and forms to see that they match □ Gather proper measuring devices □ Check that time is right to give dose	**Y**	**P**	**N**	
Prepare the Medication □ Select appropriate measuring device □ Measure amount noted on the label □ Change form of medication ONLY if label says to do so	**Y**	**P**	**N**	
Prepare the Child (states and demonstrates for infant, preschool and school age child)	**Y**	**P**	**N**	
Medication Administration Procedure Check 5 rights: child, medication, dose, time and route □ Check right child & note any special instructions in documents & on medication label □ Check medication preparation is correct □ Re-check child's name, date, time, dose, how medication is to be given (route) on both the medication container and permission slip □ Give the medication accurately, not more or less than ordered	**Y**	**P**	**N**	

Item to Check	Yes	Partial	No	Comments
☐ Praise the child ☐ Check the label again ☐ Return and lock medication in storage area ☐ Document medication administration right after giving dose ☐ Clean measuring device ☐ Wash hands				
Observe child's response to the medication.	**Y**	**P**	**N**	

DOCUMENTATION				
Documentation Forms are available to capture three types of essential information: ☐ Authorization to give medication ☐ Receiving medication ☐ Medication Log to record details of administered medication	**Y**	**P**	**N**	
Authorization Form to give medication is being used in the program that includes: ☐ Child's information ☐ Prescriber's information ☐ Permission to give medication from parent or guardian	**Y**	**P**	**N**	
Receiving Medication Form is being used that includes documentation that medication met criteria to be accepted: ☐ Presence of readable original prescription or manufacturer's label ☐ Name and strength of medication on label ☐ Date of Rx and expiration date timely ☐ Name of child (first and last) matches intended recipient ☐ Instructions for storage ☐ Instructions for administration	**Y**	**P**	**N**	
Medication Log Form includes: ☐ Name of child ☐ Name of medication ☐ Day, time, dose, route, staff signature ☐ Reported errors or mishaps ☐ Return or disposal of medication ☐ For "as needed" medications, reason medication was given	**Y**	**P**	**N**	

Printed Staff Member Name _____ Staff Member Signature _____ Date _____

Printed Health Professional Name _____ Health Professional Signature _____ Date _____