

ECELS 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.

Ensure only adequately trained & designated staff administer medication.

Item to Check	Yes	Partial	No	Comments
RECEIVING MEDICATIONS				
Safety Check Person giving medication checks: <input type="checkbox"/> Medication received meets criteria (original child-resistant container, label elements) <input type="checkbox"/> Confirm consent form to administer medication <input type="checkbox"/> Child health record on file <input type="checkbox"/> Child had previous trial dose at home <input type="checkbox"/> Parent gave information about when last dose was given, child's reaction to medication and medication administration techniques used at home <input type="checkbox"/> Purpose/indication, warnings, potential side effects, precautions to be taken, special storage requirements <input type="checkbox"/> Authorization for prescription/OTC from child's prescribing health professional including medication, medical need, dosage & length of time to give <input type="checkbox"/> Complete "Receiving Medication" form items located in Documentation section	Y	P	N	
GIVING THE MEDICATION				
Prepare to Administer Medication <input type="checkbox"/> Complete "Receiving Medication" form items located below in Documentation area <input type="checkbox"/> Prepare work area (clean/sanitize if needed) <input type="checkbox"/> Take out medication from locked storage or in an area out of the reach of children** <input type="checkbox"/> Relock locked storage if leaving storage area <input type="checkbox"/> Check label and forms to see that they match <input type="checkbox"/> Gather proper measuring devices <input type="checkbox"/> Check that date and time are right to give dose <input type="checkbox"/> Wash hands	Y	P	N	
Prepare the Medication <input type="checkbox"/> Select appropriate measuring device <input type="checkbox"/> Measure amount noted on the label	Y	P	N	
Prepare the Child	Y	P	N	
Medication Administration Procedure Check the 6 rights: child, medication, dose, time, date, route <input type="checkbox"/> Check right child & any special instructions in documents & on medication label <input type="checkbox"/> Check medication preparation is correct <input type="checkbox"/> Re-check child's name, date, time, dose, how medication is to be given (route) on both the medication container and permission slip <input type="checkbox"/> Give the medication accurately, not more or less than ordered	Y	P	N	
<input type="checkbox"/> Praise the child <input type="checkbox"/> Check the label again <input type="checkbox"/> Return and lock medication in storage area or return it to an area that is out of the reach of children** <input type="checkbox"/> Document medication administration right after giving dose <input type="checkbox"/> Clean measuring device <input type="checkbox"/> Wash hands	Y	P	N	
<input type="checkbox"/> Observe child's response to the medication, treat and document if necessary	Y	P	N	

Item to Check	Yes	Partial	No	Comments
DOCUMENTATION				
Documentation Forms are available to capture three types of essential information: <input type="checkbox"/> Authorization to give medication <input type="checkbox"/> Receiving medication <input type="checkbox"/> Medication Log to record details of administered medication	Y	P	N	
Authorization Form to give medication is being used in the program that includes: <input type="checkbox"/> Child's information <input type="checkbox"/> Prescriber's information <input type="checkbox"/> 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: <input type="checkbox"/> Verify consent form, valid time frame of consent form, and ensure medication matches consent form <input type="checkbox"/> Authorization for prescription/OTC from child's prescribing health professional including medication, medical need, dosage & length of time to give <input type="checkbox"/> Packaged in original (child resistant) container, with child's name - Presence of <u>readable</u> original prescription or manufacturer's label - Name and strength of medication on label - Name of child (first and last) matches intended recipient - Date of Rx and expiration date timely <input type="checkbox"/> Instructions for administration-dose, route, time to give <input type="checkbox"/> Name/phone number of licensed prescriber <input type="checkbox"/> Purpose/indication, warnings, potential side effects, precautions to be taken, special storage requirements	Y	P	N	
Medication Log Form includes: <input type="checkbox"/> Name of child <input type="checkbox"/> Name of medication (matches what is on consent form) <input type="checkbox"/> Day, time, dose, route, staff signature <input type="checkbox"/> Reported errors, mishaps, action taken <input type="checkbox"/> Reported side effects, action taken <input type="checkbox"/> Return or disposal of medication <input type="checkbox"/> For "as needed" medications, reason medication was given <input type="checkbox"/> Information about medication- warnings, possible side effects	Y	P	N	
Miscellaneous <input type="checkbox"/> Verify all long-term medications are accompanied by valid Care Plan	Y	P	N	

_____ Printed Staff Member Name

_____ Staff Member Signature

_____ Date

_____ Printed Health Professional Name

_____ Health Professional Signature

_____ Date

Notes:

* American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. CFOC Standards Online Database. Aurora, CO; National Resource Center for Health and Safety in Child Care and Early Education; 2020. [<https://nrckids.org/CFOC/>, 3.6.3.3.,9.2.3.9. Accessed 3/14/2022].

** [Pennsylvania Department of Human Services Child Care Regulations](#) 3270.133. [Child medication and special diets.](#)