

Medication Administration Skills Checklist for Unlicensed Assistive Personnel

Student name _____

Date _____

SKILL OBSERVED	Check indicates satisfactory demonstration	Comments
1. Washes hands prior to preparing medication(s).		
2. Verifies resident/patient name.		
3. Verifies correct medication according to physician order.		
4. Verifies correct medication form (i.e. tablet, liquid, etc.).		
5. Verifies correct dosage according to medication record or physician order.		
6. Verifies correct time of administration according to order and facility policy.		
7. Verifies correct route of administration (oral, topical, etc.)		
8. Avoids touching medications, discards any dropped meds according to facility policy.		
9. Checks for any allergies or other contraindications prior to administering medication.		
10. Demonstrates ability to look up medication to determine side effects, appropriate dosages and contraindications.		
11. Properly records/documents administration of medication according to facility policy.		
12. Demonstrates appropriate administration of medication.		
13. Reports patient/resident refusal of medication according to facility policy.		
14. Identifies medications correctly which cannot be crushed.		
15. Recognizes (verbalizes) major side effects of medications administered.		

Skills verified by: _____

Date: _____

RN signature