

Skill Checklist for Administering Medication by Mouth (Oral)

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of the medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, Medication name - including strength, Dose, Route, Time & date)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, Medication name - including strength, Dose, Route, Time & date)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. Using a medication cup, place the medication in the cup without touching the medication with your fingers.
10. **The third check** (done for each medication after it is placed in the cup):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Check the amount of medication in the cup to make sure it matches the label and the MAR
 - c) Use optional "dot system" at this step
11. Using steps 5-10 put the next medication into the cup. Repeat until all scheduled oral medications have been prepared.
12. Secure the medication containers before leaving them to go administer medications that have been prepared to give. Never leave prepared medication unattended.

13. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
14. Explain to the person the name and purpose of medication(s) you are giving to them.
15. Be certain the medication is taken (swallowed). Check the person's mouth if uncertain.
16. Leave the person in a safe and comfortable manner.
17. **Document** that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **Medication(s)**, **Dose**, **Route** and **Time/date**, **Documenting** that you have given the medication (**I M DR TD**).
18. Document any complaints/concerns and action taken. If the medication is only used as needed, document the need and the response to the treatment.
19. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
20. Return equipment to the storage area.
21. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Administering Sublingual or Buccal Medication

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of the medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. Using a medication cup, place the medication in the cup without touching the medication with your fingers.
10. **The third check** (done for each medication after it is placed in the cup):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Check the amount of medication in the cup to make sure it matches the label and the MAR
 - c) Use the optional "dot system" at this step
11. Secure the medication containers before leaving them to go administer medications that have been prepared to give. Never leave prepared medication unattended.
12. Put on gloves.
13. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
14. Explain to the person the name and purpose of medication(s) you are giving to them.
15. Assist the person into an upright or sitting position and ask them to open their mouth.

16. If the person receives a sublingual/buccal medication on a regular basis, change to different sites under the tongue or buccal/cheek area with each administration.
17. Examine the mucous membrane (under tongue, cheek, gum area) for irritation or sores. If irritation or sores are present, notify a healthcare professional for further instructions before administering the medication.

If mucous membrane is intact (without sores or irritation):

A. For sublingual medication administration:

1. Ask the person to open their mouth and raise their tongue
2. Place the tablet, or help the person to place the tablet under their tongue:
 - a. If helping the person to lift their tongue, use gauze to help lift the tongue
 - b. If administering a sublingual spray, hold the spray about 1 inch away from the site and instruct the person to hold their breath while spraying

B. For buccal medication administration:

1. Ask the person to open their mouth and expose their cheek/gum area. If helping the person, gently apply downward pressure on the lower lip
2. Place the tablet between the inner aspect of the cheek and gum or teeth
3. If administering a liquid medication, insert the syringe into buccal cavity and slowly administer the medication by pushing downward on the plunger

(Follow specific instructions if half the liquid is to be administered on each side)

18. Encourage the person to keep their mouth closed until the medication has dissolved. Remind the person not to chew or swallow the medication.
19. Stay with the person until the medication is dissolved.
20. Leave the person in a safe and comfortable manner.
21. Remove gloves and wash hands.
22. Document that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **M**edication(s), **D**ose, **R**oute and **T**ime/date, **D**ocumenting that you have given the medication. (**I M DR TD**).
23. Document any complaints/concerns and action taken. If the medication is only used as needed, document the need and the response to the treatment.
24. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
25. Return equipment to the storage area.
26. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ Instructor initials Instructor Name _____

Comments:

Skill Checklist for Administering Medications to Skin

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of the medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time** & date); also confirm the location where the medication is to be applied
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time** & date); also confirm the location where the medication is to be applied
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to next step.
9. **The third check** (done before application of medication to skin):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Check the amount of medication to be used and where to apply
 - c) Use the optional "dot system" at this step
10. Put on gloves.
11. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
12. Provide for privacy.
13. Explain to the person the name and purpose of medication(s) you are applying to them.

14. Assist the person into a position that allows for safe application of the medication.
15. Look at the affected area and if ordered, cleanse the area with soap and water, then dry thoroughly.
16. Apply the medication according to directions in the correct amount at the specified location.
17. Leave the person in a safe and comfortable manner.
18. Dispose of application materials as instructed.
19. Remove gloves and wash hands.
20. Return the medication to the secure storage.
21. **Document** that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **M**edication(s), **D**ose, **R**oute and **T**ime/date, **D**ocumenting that you have given the medication (**I M DR TD**).
22. Document any complaints/concerns and action taken. If the medication is only used as needed, document the need and the response to the treatment.
23. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
24. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ Instructor initials Instructor Name _____

Comments:

Skill Checklist for Administering OTC Topical Medications for Musculoskeletal Comfort

Purchasing/choosing the OTC topical medication for musculoskeletal comfort:

1. Assist the person with choosing their topical non-prescribed OTC medicated product(s) to be used for providing comfort to muscles and joints.
2. Confirm allergies before assisting with purchase and before every use, every time.
3. Identify the following from the product label:
 - When to use
 - Where to use on the body
 - How to use
 - How much to use
 - When to repeat use
 - When to stop use and call doctor
 - Warnings
 - The expiration date
4. Create the OTC topical musculoskeletal medication treatment record (or confirm the product to be used matches the current treatment record).

Use of the OTC topical medication for musculoskeletal comfort:

1. Before application of the medication, check to determine if the medication is needed/wanted by the person. Verify:
 - When to use
 - Where to use on the body
 - How to use
 - How much to use
 - When to repeat use
 - When to stop use and call doctor
 - Warnings
 - The expiration date
2. Check the documentation sheet to determine when was the last time the medication was used.
3. Wash hands and put on gloves.
4. Apply the correct amount by following manufacturer instructions.
5. Remove gloves and wash hands.
6. Return the medication to secure storage.
7. Document application time, where on the body the topical medication was applied, and the person's response to treatment.
8. Report any problems to the person's healthcare professional.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Administering Transdermal Medication

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of the medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name - including strength, Dose, Route, Time & date**)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name - including strength, Dose, Route, Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. **The third check** (done before application of medication to skin):
 - a) Check medication label against the MAR to confirm the 5 Rights - remove the patch packet from the container
 - b) Confirm that the patch packet matches the order. Check where to apply the transdermal patch
 - c) Use optional "dot system" at this step
10. Return the remaining medication supply to secure storage. Never leave the single patch unattended.
11. Put on gloves.
12. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
13. Provide for privacy.

14. Explain to the person the name and purpose of medication(s) you are going to apply.
15. Remove the old patch. Gently wash and dry the area. Observe for skin irritation. Document and report any irritation.
16. Select the correct site. Clean and dry the site if it is a new site (never apply a patch over irritated area, scars, calluses, or folds).
17. Open the sealed wrapper containing the patch. Write the current date, time and your initials on the patch if the patch size allows. Apply the patch according to directions. Follow any special instructions about applying this medicated patch.
18. Leave the person in a safe and comfortable manner.
19. Properly dispose of the old patch according to pharmacy/manufacturer's instructions.
20. Remove gloves and wash hands.
21. **Document** that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific **Individual's Medication(s), Dose, Route and Time/date, Documenting** that you have given the medication **(I M DR TD)**.
22. Document any complaints/concerns and action taken. If the medication is only used as needed, document the need and the response to the treatment.
23. If medication was missed, held, declined or given late, document by circling your initials and explain []
24. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

| |
|--|
| |
|--|

Skill Checklist for Administering Eye (Ophthalmic) Medications

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the entire medication name (including strength), the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose, Route, Time & date**); confirm in which eye(s) the medication is to be administered
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose, Route, Time & date**); confirm in which eye(s) the medication is to be administered
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. **The third check** (done before putting medication in eye(s)):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm which eye and how much medication
 - c) Use optional "dot system" at this step
10. Put on gloves.
11. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
12. Explain to the person the name and purpose of medication(s) you are giving to them.
13. If required, cleanse the affected eye with a clean cloth, or cotton ball/pad. Wipe from the inner corner of their eye outward just once.
14. Position the person with their head back and looking upward. Gently pull down the lower lid.
15. Approach the eye from below with the applicator tip remaining outside the person's field of vision.

16. Do not make contact with the eye. Use extra caution to not touch the eye with your fingernails.

Special Note: Always hold eye dropper level with the eye. Do not point the dropper toward the eye. Never let the dropper touch the eye.

IF DROPS:

Apply the drop gently near the center of the inside of the lower lid not allowing the drop to fall more than inch before it strikes the lower lid.

IF OINTMENT:

Apply ointment in a thin layer along the inside of the lower lid. Apply the amount of ointment off the ribbon of tube away from

To prevent contamination, do not touch the end of the applicator tip on any part of the eye.

17. Allow the eye to gently close. Encourage the person to keep their eye closed for at least fifteen (15) seconds.
18. Wipe excess medication from their eye with a clean cloth or cotton ball/pad using separate ball/pad for each eye.
19. If both eyes need medication, **change gloves between eyes** to avoid transferring contamination from one eye to the other.
20. Repeat steps 13-18 for the second eye.
21. Leave the person in a safe and comfortable manner.
22. Dispose of cotton balls or put cloth(s) in laundry.
23. Remove gloves and wash hands.
24. Return medication to secure storage.
25. **Document** that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's Medication(s), **Dose, Route and Time/date, Documenting** that you have given the medication (**I M DR TD**).
26. Document any complaints/concerns and action taken. If the medication is only used as needed, document the need and the response to the treatment.
27. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
28. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Á

.....**Trainee name:** _____ **Date:** _____

~~~~~ Instructor initials \_\_\_\_\_ Instructor Name \_\_\_\_\_

~~~~~**Comments:**

Skill Checklist for Administering Ear (Otic) Medications

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medications from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**); confirm in which ear(s) the medication is to be administered
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**); confirm in which ear(s) the medication is to be administered
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. **The third check** (done before putting medication in ear(s)):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm which ear(s) and how many drops
 - c) Use optional "dot system" at this step
10. Put on gloves.
11. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
12. Explain to the person the name and purpose of medication(s) you are giving to them.
13. Position the person by having them lie down or sit in a chair, tilting head sideways until their ear is as horizontal as possible.
14. Cleanse the entry to their ear canal with a clean cloth or cotton ball/pad.

- Trainee name:** _____ **Date:** _____
- Instructor initials Instructor Name

| | |
|--|--|
| | |
|--|--|

Skill Checklist for Administering Nose (Nasal) Medications

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
7. **The second check of MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. **The third check** (done before putting medication in nose):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm which nostril and how many sprays/drops are to be administered
 - c) Use optional "dot system" at this step
10. Put on gloves.
11. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
12. Explain to the person the name and purpose of medication(s) you are giving to them.
13. Provide tissues for the person.

14. Position the person according to manufacturer's instructions.
15. Instill medication per manufacturer's instructions.
16. Instruct the person not to blow their nose for at least 15 minutes after instilling medication.
17. Leave the person in a safe and comfortable manner.
18. Wipe off the container, including the tip. Return medication to secure storage.
19. Remove gloves and wash hands.
20. Document that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **M**edication(s), **D**ose, **R**oute and **T**ime/date, Documenting that you have given the medication (**I M DR TD**).
21. Document any complaints/concerns and action taken. If the medication is only used as needed, document the need and the response to the treatment.
22. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
23. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ Instructor initials Instructor Name _____

Comments:

Skill Checklist for Administering Nebulizer Treatment

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Check equipment and clean if dirty. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of medication matches the medication inside the packaging.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. The **third check** of the MAR is done before placing the pre-measured ampule dose of medication into the nebulizer's dispensing chamber (before use of nebulizer):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm the medication and dose in the ampule(s) to be added to the nebulizer matches the medication and dose listed on the MAR. Remove ampule from packaging.
 - c) Use optional "dot system" at this step
10. Return the package of remaining ampules to secure storage. Never leave the single ampule unattended.
11. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
12. Assist the person to a comfortable sitting position.
13. Explain to the person the name and purpose of medication(s) you are giving to them.

14. Give the person tissues to wipe their face/mouth as needed.
15. Plug in the nebulizer.
16. Put on gloves.
17. Open the ampule and instill the liquid into the dispensing chamber.
18. Have the person place the mouthpiece in their mouth having them use their lips to form a tight seal on the mouthpiece. If the person uses a mask instead of a mouthpiece, be sure the mask is positioned to make a tight seal around the mouth and nose.
19. Turn the machine on. Encourage the person to breathe normally during the treatment.
20. Follow MAR instructions for taking the person's pulse and respirations during and after the treatment.
21. Continue the treatment until the medication dispensing chamber is empty.
22. Remove the mouthpiece or mask.
23. Help the person to wipe their face, rinse their mouth, and to apply lip balm if needed.
24. Leave the person in a safe and comfortable manner
25. Clean the equipment and return to storage area.
26. Remove gloves and wash hands.
27. **Document** that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **Medication(s)**, **Dose**, **Route** and **Time/date**, **Documenting** that you have given the medication (**I M DR TD**).
28. Document any complaints/concerns and action taken. If the nebulizer is only used as needed, document the need and the response to the treatment.
29. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
30. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Administering Metered Dose Inhalers

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - &) Medications to be given now
 - â) Confirm that the previous dose was given
 - ^) Confirm the dose for this time and date has not yet been given
 - Any allergies
 - *) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication and equipment from the secure storage area. Clean equipment if dirty.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. Put on gloves.
10. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
11. Assist the person to a comfortable sitting position.
12. Explain to the person the name and purpose of medication(s) you are giving to them.
13. The **third check** of the MAR is done before preparing the canister/inhaler (before use of inhaler):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm the medication and dose in the canister/inhaler matches the medication and dose listed on the MAR. Confirm how many puffs are to be administered
 - c) Use optional "dot system" at this step

14. **If the canister is new and never used, you will need to prime it** to ensure the canister contains medication and is operating properly. If the canister is used daily, you do not need to prime it. If the canister has not been used in the last 3 days or per manufacturer's instructions, prime it before use:
1. Remove cap, invert the canister, and shake the canister well
 2. With mouthpiece pointing into the air, away from everyone, press once on the canister base
 3. Continue to prime the canister the number of times per manufacturer's instructions
15. **(A) If using a spacer:**
1. Hold the canister in an inverted position; shake the canister well and then remove the cap
 2. Insert canister into end of the spacer
 3. Have the person exhale
 4. Bring the spacer's mouthpiece to the person's mouth and have them close their lips around it
 5. Press the top of the canister once
 6. Have the person breathe in very slowly until they have taken a full breath and inhaled a puff of the medication from the spacer
 7. Remove mouthpiece and have the person hold their breath as long as they can up to 10 seconds, or as directed on the medication packaging
 8. Then have the person exhale slowly
15. **(B) If not using a spacer:**
1. Hold the canister in an inverted position; shake the canister well and then remove the cap
 2. Have the person exhale
 3. Bring the canister to the person's mouth and have them close their lips around the mouthpiece
 4. Have the person breathe in very slowly as you press the top of the canister once until they have taken in a full breath, inhaling a puff of the medication from the canister
 5. Remove the mouthpiece and have the person hold their breath as long as they can up to 10 seconds, or as directed on the medication packaging
 6. Then have the person exhale slowly
15. **(C) If you are using a dry powder inhaler:**
1. Remove the inhaler cap and load the dry medication in the inhaler chamber as directed by the manufacturer
 2. Have the person tilt their head back a little and breathe out slowly and completely
 3. Bring the device to the person's mouth, and have them close their lips around the mouthpiece
 4. Have the person breathe in quickly and deeply for 2-3 seconds, inhaling a puff of the medication from the device
 5. Take the inhaler out of their mouth. Have the person hold their breath for as long as they can up to 10 seconds, or as directed on the medication packaging
 6. Then have the person breathe out slowly through pursed lips

Skill Checklist for Administering Oxygen (O₂)

1. Wash hands.
 2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
 3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
 4. The **first check of the MAR**. Read the MAR for the oxygen order to assure the 5 Rights (**I M DR T**):
 - 1) **Individual's name**
 - 2) **Medication:** Oxygen
 - 3) **Dose:** Flow rate (liters per minute) and length of time
 - 4) **Route:** Inhaled using cannula or mask
 - 5) **Time & date:** When to administer (ex: pulse oximeter reading of 92 or below)
- If any part of the order is not clear and the person's pulse oximeter reading is 92 or below, proceed with administering oxygen at a flow rate of 2 liters per minute and contact a healthcare professional IMMEDIATELY.**
5. Get oxygen supply and equipment from storage. Clean equipment if dirty.
 6. Confirm the tank supply level is adequate for the O₂ administration. Note when the tank level will need to be rechecked if prior to the required 2-hour check. If using a concentrator, make sure it is plugged in and away from the wall.
 7. The **second check of the MAR**. Read the MAR for the oxygen order to assure the 5 Rights (**I M DR T**):
 - 1) **Individual's name**
 - 2) **Medication:** Oxygen
 - 3) **Dose:** Flow rate (liters per minute) and length of time
 - 4) **Route:** Inhaled using cannula or mask
 - 5) **Time & date:** When to administer (ex: pulse oximeter reading of 92 or below)
 8. Identify the person to receive the medication. Take your time and make sure you are giving the oxygen to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.
 9. Explain the safety precautions that need to be followed while the oxygen is being administered.
 10. Connect the nasal cannula or mask to the oxygen source.
 11. Turn on the oxygen and adjust flow rate as directed on the MAR.
 12. Without touching the cannula or mask, use your hand to check that the oxygen is flowing from cannula or mask.

13. Place the cannula in the person's nostrils and loop the tubing over their ears or place the mask on the person's face.
14. Adjust the cannula or mask as necessary for the person's comfort.
15. Instruct the person using a cannula to breathe through their nose with their mouth closed.
16. The **third check of the MAR**. Read the MAR for the oxygen order to assure the correct amount of oxygen is being administered according to the 5 Rights (**I M DR T**):
 - 1) **Individual's name**
 - 2) **Medication:** Oxygen
 - 3) **Dose:** Flow rate (liters per minute) and length of time
 - 4) **Route:** Inhaled using cannula or mask
 - 5) **Time & date:** When to administer (ex: pulse oximeter reading of 92 or below)
17. Note the time to recheck pulse oximeter reading or end O₂ administration.
18. Leave the person in a safe and comfortable manner.
19. Document that oxygen administration was initiated. Place your initials on the MAR in the space for the specific Individual's **Medication(s)**, **Dose** (# of liters per minute), **Route** (mask or cannula) and **Time/date**, Documenting that you have started the O₂ (**I M DR TD**).
20. Document any complaints/concerns and action taken, including any comfort measures initiated. If the oxygen is being used as needed, document the reason for the need and the response to the treatment.
21. If oxygen was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
22. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.
23. Recheck flow rate, oxygen supply, and flow from cannula at least every 2 hours and before and after transition to different activities and locations. Document findings and actions taken.
24. Check pulse oximeter reading as directed on the MAR. Document the outcome. Continue or discontinue oxygen as prescribed.
25. Document the time when oxygen administration was ended, the pulse oximeter reading if taken, and the response to the treatment.
26. When the oxygen gauge is near or at the red zone, change the tank by repeating steps 5-21.
27. The cannula/mask should be removed and cleaned if oxygen is not flowing or if it is visibly soiled.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Administering Diastat®

(Locating the Diastat®, checking the expiration date and doing the 3 checks on the MAR were done at the beginning of the shift to be prepared to administer quickly in this situation)

1. Recognize that the seizure requires administration of Diastat® according to the parameters on the MAR.
2. Put the person on their side in a location where they cannot fall.
3. Get the medication.
4. Put on gloves.
5. Get the syringe from the package.
6. Push the cap up with your thumb and pull to remove cap from syringe. Make sure seal pin is removed with the cap.
7. Lubricate the rectal tip with the lubricating jelly in the package.
8. Turn the person on their side **facing you** and pull-down clothing to expose the buttocks.
9. Bend their upper leg forward to expose the buttocks.
10. Separate the buttocks to expose the rectum.
11. Gently insert the syringe tip into the rectum. Rim should be snug against the rectal opening.
12. **SLOWLY** count to three while gently pushing the plunger in until it stops.
13. **SLOWLY** count to three again before removing the syringe from the rectum.
14. **SLOWLY** count to three while holding the buttocks together to prevent leakage.
15. Keep the person on their side facing you. Note the time the Diastat® was given and continue to support and observe the person until seizure activity stops.
16. Assist the person to a safe and comfortable position.
17. Remove gloves and wash hands
18. Document the administration of Diastat® on the MAR. Document the seizure details and the person's response to the treatment.
19. Dispose of any unused Diastat® and the Diastat® syringe according manufacturer's or pharmacist's instructions. Document medication disposal as taught in this curriculum.
20. Immediately make arrangements to replace the used Diastat® with a new supply.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skills Checklist for Administering Nasal Versed® (midazolam)

Locating the Nasal Versed®, checking the expiration date and doing the 3 checks on the MAR were done at the beginning of the shift to be prepared to administer quickly in this situation.

1. Recognize that the seizure requires administration of Versed® according to the parameters on the MAR.
2. Wash hands.
3. Gather supplies.
4. Prepare Versed® per manufacturer's instructions.
5. Put on gloves.
6. Position the person on their back or side to receive the Versed® as per their protocol.
7. Instill the Versed® in each nostril as prescribed and per manufacturer's instructions.
8. Place the person on their side in the safe recovery position.
9. Remove gloves and wash hands when it is safe to do so.
10. Document administration of Versed®.
11. Notify the appropriate person(s) per agency policy.
12. Monitor the person. Arouse the person periodically. Document the times attempted.
13. Store equipment per manufacturer's instructions.
14. Promptly arrange for a replacement supply of Versed®.

****Call 911 if:**

- ✦ The person is turning blue or is having problems breathing
- ✦ The person remains unconscious more than 20 minutes after the seizure ends
- ✦ The seizure is different from previous seizures
- ✦ The person sustained a head injury or other life-threatening injury during seizure
- ✦ The seizure does not stop within the time frame specified by the healthcare professional

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

VALTOCO® (diazepam nasal spray) Skills Checklist

- _____ 1. Locating the VALTOCO®, checking the expiration date, and doing the 3 checks on the MAR must be done at the beginning of the shift to be prepared to administer quickly when it is needed.
- _____ 2. Recognize that the seizure requires administration of VALTOCO® according to the parameters on the MAR.
- _____ 3. Wash hands. Put on gloves.
- _____ 4. Get the medication from the secure storage area.
- _____ 5. Position the person on their back or side to receive the VALTOCO® as per their protocol.
- _____ 6. Peel back the tab with the arrow on the corner of the blister pack and remove VALTOCO® from the pack.
- _____ 7. Hold VALTOCO® with your thumb on the bottom of the plunger and your first and middle finger on either side of the nozzle.
- _____ 8. Gently insert the tip of the nozzle into one nostril until fingers on either side of the nozzle touch the bottom of the person's nose.
- _____ 9. Holding your fingers steady, press the bottom of the plunger with your thumb to instill the VALTOCO® in one nostril as prescribed and per manufacturer's instructions. Remove VALTOCO® from the nose.
- _____ 10. The full dose of VALTOCO® may require a second spray in the other nostril from a package with two nasal spray devices. If a second device is included, remove the second VALTOCO® from the pack and repeat steps 7-9 to give the full dose.
- _____ 11. Place the person on their side in the safe recovery position.
- _____ 12. Throw nasal spray devices(s) away after use. Remove gloves and wash hands when it is safe to do so.
- _____ 13. Document administration of VALTOCO®.
- _____ 14. Notify the appropriate person(s) per agency policy.
- _____ 15. Monitor the person. Arouse the person periodically. Document the times attempted.
- _____ 16. Promptly arrange for a replacement supply of VALTOCO®.

Trainee Name: _____ Date _____

Instructor Name _____

Skill Checklist for Administering Vaginal Medications

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of medication matches the medication inside the packaging.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. **The third check** (done before inserting vaginal medication):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm administration time and that medication in package matches the order. Remove the single use medication and applicator from the package.
 - c) Use optional "dot system" at this step
10. Return the package of remaining medication to secure storage. Never leave single the single dose of medication unattended.
11. Put on gloves.
12. Identify the woman to receive the medication. Take your time and make sure you are giving the prepared medication to the correct woman. Confirm the woman's identity with a picture or with another personnel who knows her.
13. Remind the woman that she will be laying down for 30 minutes and ask if she needs to urinate (pee) or take care of other personal tasks before the medication is administered. Assist as needed.

14. Go with the woman to a private location. Explain to the woman the name and purpose of medication(s) and how and where you will be giving the medication.
15. Place towel or protective pad so that it will be under her buttocks.
16. Position the woman on her back with knees bent and legs separated unless contraindicated or another position is recommended by the woman's physician or nurse. Provide additional privacy with a sheet or blanket over her bent knees.
17. Place medication in applicator (if not prefilled).
18. Separate the labia with one hand and gently insert the applicator into the vagina with other hand. Angle applicator slightly downward toward tail bone. It will usually go in about 2 inches. **DO NOT FORCE IT.**
19. Push the plunger of the applicator in while holding the barrel of the applicator still.
20. Remove the applicator and encourage her to remain lying down for 30 minutes. Provide supervision and support as needed.
21. Provide with a protective pad for under wear if needed.
22. Leave her in a safe and comfortable manner.
23. Clean equipment and return equipment to storage area.
24. Dispose of other materials appropriately.
25. Remove gloves and wash hands.
26. Document that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **Medication(s)**, **Dose**, **Route** and **Time/date**, Documenting that you have given the medication (**I M DR TD**).
27. Document any complaints/concerns and action taken. If the vaginal treatment is used as needed, document the need and the response to the treatment.
28. If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
29. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ Instructor initials Instructor Name _____

Comments:

Skill Checklist for Administering Rectal Suppositories

1. Wash hands.
2. Start at the beginning of the medication administration record (MAR) and review, checking for the following:
 - a) Individual's name
 - b) All medications ordered
 - c) Medications to be given now
 - d) Confirm that the previous dose was given
 - e) Confirm the dose for this time and date has not yet been given
 - f) Any allergies
 - g) Special instructions for giving the medication
3. Read all the pages of the person's MAR to confirm ALL the medications you will need to prepare for administration. This includes the **entire medication name (including strength)**, the dose (amount), and route of each medication you will be giving to the person at this time.
4. Get the medication from the secure storage area.
5. Read the **entire label** carefully including the expiration date and special instructions. Make sure the packaging description of medication matches the medication inside the container.
6. **The first check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
7. **The second check of the MAR to label:**
 - a) Place the medication container beside the name of the medication on the MAR
 - b) Make sure the package/container label and the MAR match exactly
 - c) Confirm the first 5 Rights (Individual's name, **Medication name** - including strength, **Dose**, **Route**, **Time & date**)
8. **If they do not match, do not give the medication until there is clarification** from a healthcare record or healthcare professional regarding the medication. If they do match go to the next step.
9. **The third check** (done before inserting the suppository):
 - a) Check medication label against the MAR to confirm the 5 Rights
 - b) Confirm administration time and that suppository in package matches the order. Remove the single wrapped suppository from the package.
 - c) Use optional "dot system" at this step
10. Return the package of remaining suppositories to secure storage. Never leave the single suppository unattended.

11. Put on gloves.

12. Gather tissue or toilet paper.

13. Identify the person to receive the medication. Take your time and make sure you are giving the prepared medication to the correct person. Confirm the person's identity with a picture or with another personnel who knows the person.

14. Provide for privacy.

15. Explain to the person the name and purpose of medication(s) you are giving to them.
16. Position the person on their left side unless directed otherwise. Bend their top knee and move it toward the chest.
17. Unwrap the suppository and lubricate the tip; also lubricate tip of the gloved finger to be used to insert suppository.
18. Lift upper buttock to expose rectal area.
19. Slowly insert suppository into rectum well beyond the muscle at the opening (sphincter), pushing gently with your gloved, lubricated finger.
20. After slowly withdrawing your finger, press a folded tissue or piece of toilet paper against the anus and hold the buttocks together until the urge to expel the suppository goes away.
21. Encourage the person to continue to lie down in a comfortable position for 20 minutes providing supervision as needed.
22. Leave the person in a safe and comfortable manner.
- 2H. Dispose of materials appropriately.
- 2I . Remove gloves and wash hands.
- 2Í . Document that medication was administered (this is the 6th Right of medication administration). Place your initials on the MAR in the space for the specific Individual's **M**edication(s), **D**ose, **R**oute and **T**ime/date, **D**ocumenting that you have given the medication (**I M DR TD**).
- 2Î . Document any complaints/concerns and action taken. If the suppository was used as needed, document the need and the response to the treatment.
- 2Ï . If medication was missed, held, declined or given late, document by circling your initials and explain on the back of the MAR. Write an Unusual Incident Report.
- 2Ì . Return equipment to storage area.
- 2J. Make sure your initials, full name, and title are written in a space provided for signatures on the MAR or on a Master Signature Log.

Trainee name: _____ **Date:** _____

_____ Instructor initials Instructor Name _____

Comments:

Skill Checklist for Taking a Temperature

1. Wash hands and put on gloves.
2. Gather supplies and equipment.
3. Cleanse the thermometer if necessary or use a disposable protector.
4. Identify the person and explain the procedure.
5. Place the thermometer according to manufacturer's instructions and wait the specified time.
6. Remove thermometer and read according to manufacturer's instructions.
7. Remove gloves and wash hands.
8. Document the temperature, time, date, the type of thermometer used, and where it was placed on the body.
9. Clean the thermometer according to manufacturer's instructions.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for taking a Pulse

1. Wash hands.
2. Get the watch or clock you will need to track the time when counting the pulse.
3. Identify the person and explain the procedure.
4. Locate pulse and count rate for one full minute.
5. Then count respirations for one full minute while keeping your hand on the wrist. When people know you are watching them breathe, they may change their breathing rate.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Counting Respirations

1. Start by taking the person's pulse.
2. After counting the pulse rate, observe and count respirations for one full minute.
3. Watch the chest and abdomen for the rise and fall with each inhalation/exhalation (counted as one breath).
4. Document the time, and date the vital signs were taken:
 - Document the pulse rate and note if it is strong or weak, and regular or irregular.
 - Document the respiration rate and note if breathing is deep, shallow, easy or difficult, regular or irregular.

Trainee name: _____ **Date:** _____

Instructor initials Instructor Name _____

Comments:

Steps for taking a Blood Pressure (with an arm cuff)

1. Wash hands (no gloves needed).
2. Gather equipment.
3. Identify the person and explain the procedure.
4. Find the brachial artery.
5. Correctly wrap cuff around the upper arm (1 inch above bend in the arm at the elbow).
6. Activate the BP device according to the manufacturer's instructions.
7. Read the result.
8. Document the outcome including date, time, top number and bottom number, which arm was used, and what type of BP monitor was used.

If possible, always use an automated cuff. Get additional training and practice if you need to use a manual cuff.

Trainee name: _____ **Date:** _____

Instructor initials Instructor Name _____

Comments:

Skill Checklist for Application of a Clean Dressing When No Assessment is Required

1. Check the MAR/TAR for the order and the time the dressing change is to be done.
2. Wash hands and put on gloves.
3. Gather the equipment and supplies.
4. Identify the person, provide for privacy, and explain the procedure.
5. Assist the person into a comfortable position for the dressing change.
6. Remove the old dressing and discard in a disposable bag.
7. Take off dirty gloves, wash hands, put on clean gloves.
8. Cleanse the area with gentle soap and water or as directed by a healthcare professional.
9. Open the package of the new dressing material without touching the clean part of the dressing that will touch the wound. Place the dressing, clean side up, on a clean surface.
10. Apply the medication to the pad of the dressing without touching the medication container to the dressing.
11. Place the dressing over the wound and secure it in place.
12. Discard waste supplies, remove gloves, and wash hands.
13. Return unused supplies to the storage area.
14. Document exactly what was done and how the person responded to the procedure.
15. Document and report the following observations to a healthcare professional:
 - ◆ Odors
 - ◆ Change in amount or color of drainage
 - ◆ Pain in or around wound area
 - ◆ Increasing redness around the wound
 - ◆ Red or blue streaks
 - ◆ Other color changes

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Application of Compression Hose

1. Check MAR/TAR for current order. Note any special instructions on the MAR/TAR.
2. Wash hands.
3. Gather the equipment you need. Make sure the hose are dry.
4. Identify the person and explain the procedure and assist them to recline on the bed or on a chair.
5. Be sure the person's feet and legs are clean and dry and there are no open sores, skin infections or other signs the hose should not be applied. Put on gloves if the person has toe fungus.
6. Place your hand in the top of clean hose.
7. Pull hose up your arm until your hand is in the foot of the hose.
8. Roll hose inside-out, down over your arm to your hand, while keeping a grip on the inside of the toe.
9. Grasp edges of the hose and place the person's foot into the toe of the hose.
10. Put the foot of the hose over the person's foot. Be sure the toe and heel of the hose are in place.
11. Grasp the top of the folded hose; roll the hose up, rolling them over the ankle with a back and forth twisting motion. Continue rolling the hose up the leg avoiding stretching or creating creases in the hose. Ensure the hose has no wrinkles or creases.
12. Be sure the hose top is 1-2 inches below the crease behind the knee or 1- 3 inches below the buttocks.
13. Be sure the hose fits smoothly over the skin. Assure there are no wrinkles or creases in the hose. If there are wrinkles or creases, roll the hose back to below the wrinkle and re-roll the hose back up the leg.
14. Repeat steps 5-13 for the opposite leg if hose are ordered for both legs.
15. Remove gloves if worn and wash hands.
16. Document application of hose on the MAR/TAR.
17. Document any complaints, problems or concerns and report them to a healthcare professional.
18. When getting ready for bed, help the person remove the hose by rolling them back down the legs. Wash them by hand and hang to dry. Document removal and washing.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Using a Glucometer to Monitor Blood Sugar

1. Check MAR/TAR for scheduled testing.
2. Wash hands and put on gloves.
3. Gather equipment and supplies.
4. Identify the person and explain the procedure.
5. Have the person wash their hands thoroughly with soap and water. Assist as needed. Be sure the finger to be used is dry before inserting the lancet to get the blood sample.
6. Place lancet in pen, if a pen is part of the procedure for this person.
7. Turn glucometer on, insert strip if needed.
8. Stick the side of finger with the lancet (never stick the finger pad).
9. Point the finger downward and gently massage to get an adequate blood sample. Hold the strip to the side of the drop of blood (the strip will absorb the blood).
10. Use a paper towel, tissue, or cotton pad to wipe the finger and then hold it in place, applying gentle pressure until the bleeding stops.
11. Read and document the result.
12. Clean the equipment and dispose of used supplies appropriately. Lancet must be disposed of in a sharps container.
13. Remove gloves and wash hands.
14. Report results to a healthcare professional when results are outside the parameters specified for the person.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Oral Suctioning

1. Check MAR/TAR for directions and when to suction.
2. Wash hands and put on gloves.
3. Gather equipment and supplies including a cup of water for clearing the tubing during the suctioning.
4. Identify the person and explain the procedure.
5. Assist the person into a comfortable position for the suction treatment.
6. Connect tubing to the outlet port on the lid of the collection container.
7. Attach the suction catheter device to the other end of the tubing.
8. Turn on the suction machine and check for suction pressure level. Follow manufacturer's instruction for how to set and how to check the correct amount of suction indicated for the person.
9. Insert the suction catheter into the person's mouth, placing tip of the device along the lower gum outside of the bottom teeth. Using a circular motion move the catheter around in their mouth; keep the catheter moving to not touch oral surfaces. Suction for no longer than 15 seconds at one time. Count to 15 as you suction. After suctioning to a count of 15, remove the catheter, wait 15 seconds and repeat step 9 if excess secretions remain.

If the person starts to cough or gag, take the catheter out until the person recovers before continuing.

NEVER SUCTION FOR LONGER THAN 15 SECONDS AT ONE TIME

10. After suctioning the person's mouth, suction clean water through the suction catheter until the catheter and tubing are clean. Watch the container fill limit line and **NEVER ALLOW THE FLUID LEVEL IN THE COLLECTION CONTAINER TO RISE ABOVE THE FILL LIMIT LINE** (empty container and suction more clean water if more cleaning is needed).
11. Turn machine off.
12. Empty collection container and clean thoroughly. Put equipment away.
13. Remove gloves and wash hands.
14. Document the person's response.
15. Notify a healthcare professional if anything is different than what is typical for that person and document the notification.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Using a Pulse Oximeter (Pulse Oximetry)

1. Check the MAR/TAR for order to use pulse oximeter. May also be used as one of the vital signs measured for signs of potential illness, respiratory discomfort/distress.
2. Wash hands.
3. Gather supplies and equipment.
4. Identify the person and explain the procedure.
5. Clean and dry the site that will be used for the reading.
6. If using an adhesive wrap, remove the protective backing and wrap around appropriate finger.
7. Attach the probe per the manufacturer's instructions.
8. Follow the manufacturer's instructions for taking a SpO₂ reading.
9. Remove the probe sensor and turn off the oximeter when monitoring is no longer necessary.
10. Document the reading and report to a healthcare professional any results that are outside of normal ranges or outside of the person's specified parameters.
11. Follow the orders on the MAR for administering oxygen to the person if pulse oximetry is used to determine the need for oxygen.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for use of CPAP/BiPAP Machine

1. Check MAR/TAR to confirm the treatment order.
2. Wash hands.
3. Gather the supplies and equipment.
4. Identify the person and explain the procedure.
5. Place the machine on a level surface near the bed.
6. The machine must be lower than the level of the bed so any accumulation of water will drain back toward the machine, not the mask.
7. Place the machine at least 12 inches away from anything that could block the vents (curtains, bedspread, etc.).
8. Plug the machine into an outlet. Do NOT use an extension cord.
9. Fill the water well with distilled water. Do not fill above fill line. Never use tap water.
10. Place the water well into the machine per the manufacturer's instructions.
11. Put on gloves.
12. Position face piece (mask, nose pillow, etc.) on the person's face.
13. Fasten/adjust headgear on the person's head so that the face device fits snugly.
14. Put the hose of the face device into the hose port on machine.
15. Turn the unit on. **If using oxygen, turn on CPAP/BiPAP unit first, before turning on oxygen flow.**
16. Have the person breathe deeply until pressured air begins to flow.
17. Have the person breathe normally once pressured air is flowing. Make sure air is not leaking out of the mask or nasal pillows. Readjust the mask or nasal pillows and headgear to stop leaks.
18. Remove gloves and wash hands.
19. Document application of CPAP/BiPAP on MAR/TAR.
20. When the person awakens in the morning, turn off the machine. **If using oxygen, turn off oxygen first before turning off the machine.**
21. Wash hands and put on gloves.
22. Remove or assist with removing mask or nose pillows and headgear.
23. Clean the face gear per supplier's instructions.
24. Clean the machine, and hose per supplier's instructions and hang hose to dry.
25. Remove gloves and wash hands.
26. Document removal and cleaning of equipment.
27. Document and report any complaints, problems or concerns.

Trainee name: _____ **Date:** _____

Instructor initials Instructor Name

Comments:

Skill Checklist for Emptying and Replacing a Colostomy Bag

Personnel must receive training specific to the person, their supplies, equipment and person-specific procedure before emptying or changing a person's ostomy bag.

Emptying a Colostomy Bag

1. Prepare to empty the bag according to the person's schedule.
2. Wash hands and put on gloves.
3. Gather equipment and supplies.
4. Identify the person, provide privacy, and explain procedure.
5. Assist the person into a comfortable position where the bag can be emptied into a toilet or receptacle.
6. Remove the clip, empty the contents of the bag, rinse the bag and clean the outside and inside of the pouch tail with toilet paper.
7. Close and re-seal the bag.
8. Clean up supplies and discard disposables.
9. Remove gloves and wash hands.

Replacing a Colostomy Bag

Confirm change date on MAR/TAR; perform steps 1-6 above, then

10. Gently remove the soiled colostomy bag from the stoma site and place in a trash bag; place that trash bag in a second trash bag (double bagging) before putting it in the garbage.
11. Remove wafer if indicated.
12. Clean and dry the site, apply a new wafer as indicated in the person's ostomy care plan. Be careful to not allow the wafer to rub against the stoma.
13. Apply a new bag being careful to not allow bag or wafer to rub against stoma.
14. Clean up supplies and discard double bagged disposables in the trash.
15. Remove gloves and wash hands.
16. Document the date and time the procedure was performed on the MAR/TAR. Document observations and the person's response to the procedure.

Trainee name: _____ **Date:** _____

Instructor initials

Instructor Name

Comments:

Skill Checklist for Basic Measuring of Bodily Intake

1. Check MAR/TAR for I & O orders.
2. Wash hands and put on gloves.
3. Gather supplies and equipment.
4. Identify the person and explain the procedure.
5. Measure the liquids to be consumed before giving them to the person.
6. Remove gloves and wash hands.
7. After they finish consuming as much as they want, wash hands and put on gloves.
8. Measure the remaining amount of liquid. Subtract the remaining amount from the original amount to determine how much was consumed.
9. Clean all equipment appropriately.
10. Remove gloves and wash hands.
11. Document the amount of intake.

Skill Checklist for Basic Measuring of Bodily Output

1. Check MAR/TAR for I & O orders.
2. Wash hands and put on gloves.
3. Gather supplies and equipment.
4. Identify the person and explain the procedure.
5. Measure liquid output before flushing or disposing of appropriately.
6. Clean all equipment appropriately.
7. Remove gloves and wash hands.
8. Document the output measured.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Steps for Collection of Clean Catch (Mid-Stream) Urine Sample

1. Wash hands and put on gloves.
2. Gather equipment and supplies.
3. Identify the person, provide privacy, and explain the procedure.
4. If the person is unable to clean their own genitals, assist them to thoroughly clean using disposable wipes. Remind females to clean from front to back.
5. Have the person begin to urinate. After stream has begun, insert specimen cup into the stream. After desired amount of specimen is obtained, remove specimen cup from stream as the person continues to empty their bladder.
6. If the person is unable to do step 5 above, have the person urinate into a urine hat or urinal which has been thoroughly cleaned with bleach water or another appropriate solution. Pour the sample collected into the specimen cup.
7. Remove gloves and wash hands.
8. Document the date and time of collection and delivery of specimen.

Trainee name: _____ **Date:** _____

Instructor initials Instructor Name

| |
|-----------|
| Comments: |
|-----------|

Skill Checklist for External Urinary Catheter Care

1. Check MAR/TAR for schedule of catheter care.
2. Wash hands and put on gloves.
3. Gather equipment and supplies.
4. Identify the person, provide privacy, and explain the procedure.
5. Position the person on their back exposing only a small area where the catheter enters the body. **Be sure the catheter bag is ALWAYS lower than the bladder.**
6. Using a disposable personal wipe or wet soapy cloth, wash the area surrounding where the catheter enters the body. If using a soapy cloth, rinse the cloth well and then wipe the soap off the body.
If you are working with an uncircumcised male, be sure to retract the foreskin and cleanse well as a part of cleaning the catheter entry site. Be sure to return foreskin to its original position after cleansing.
7. Using a fresh personal wipe or wet soapy cloth, wipe the tube, starting at the point where the catheter enters the body, and move downward. Always wipe away from where the catheter enters the body. Never wipe upward. Clean from the catheter entry point to the connection point between the catheter and the tube connecting the catheter to the collection bag. If using a soapy cloth, rinse the cloth well and then wipe the soap off the tubing.
8. Check for any kinks or coils in the tubing between the catheter and the collection bag. If any are found, straighten them out so that urine can freely drain into the collection bag.
9. Discard disposables. Clean equipment and return it to storage area.
10. Remove gloves and wash hands.
11. Document procedure on MAR/TAR.
12. Report any problems to a Healthcare Professional.

Trainee name: _____ Date: _____

Instructor initials Instructor Name _____

Comments:

Skill Checklist for Emptying the Urine Collection Bag

1. Prepare to empty the bag according to the person's schedule.
2. Wash hands and put on gloves.
3. Gather equipment and supplies.
4. Identify the person, provide privacy, and explain the procedure.
5. Remove the urine bag drain from its holding area and open it over an appropriate container (e.g. urinal, bedpan, beaker). Drain contents of urine bag, being careful not to splatter any urine.
Always keep collection bag lower than the bladder. Never put it on the bed, chair or in the person's lap.
6. Close the drain port to urine bag. Clean and dry the tip of the drain before putting it back into its holder.
7. Measure and discard urine.
8. Clean the equipment and return it to storage.
9. Remove gloves and wash hands.
10. Document the amount of urine if required.
11. Report to a healthcare professional any unusual color or odor, and volume of output that is unusual for this person.

Trainee name: _____ Date: _____

_____ Instructor initials Instructor Name _____

Comments:

Skill Checklist for Use of Cough Assist Insufflator - Exsufflator:

DO NOT EVER ATTEMPT TO USE THIS DEVICE WITHOUT DIRECT TRAINING WITH THE PERSON WHO WILL BE GETTING THIS TREATMENT AND HAVING YOUR SKILLS VERIFIED BY A PERSON WHO KNOWS HOW TO DO THE TREATMENT

1. Check MAR/TAR for current order.
2. Wash hands.
3. Gather supplies and equipment.
4. Identify the person and explain the procedure.
5. Plug electrical cord into power socket and into back of machine.
6. Put on gloves.
7. Insert the tubing into the cough assist machine.
8. Attach the face mask to the other end of tubing.
9. If oral suctioning will be required, prepare the oral suction machine and supplies.
10. Help the person to a comfortable sitting/upright position as instructed.
11. Turn on the cough assist machine using the power switch.
12. Check the pressure by putting your hand over the mask. Check the pressure gauge to ensure pressures are registering on the gauge for both inhalation & exhalation.
13. Check to be sure the machine is in auto mode.
14. Make sure the person is comfortable and ready for the treatment.
15. At the end of exhalation or just at the start of inhalation, seal the mask firmly around the person's mouth and nose.
16. Instruct the person to take a deep breath in with the machine during the inhalation and to cough strongly during exhalation if they are able.
17. After each **cycle** (inhalation and exhalation) pause the machine and remove the mask.
18. Instruct the person to spit out any secretions or orally suction if needed.
19. Allow the person to recover.
20. Repeat steps 14-19 for the prescribed number of cycles.
21. Turn off machine at the switch.
22. Remove gloves, wash hands, and put on clean gloves.
23. Unplug the machine and clean the machine, mask, and tubing according to specific instructions for that person's equipment.

24. Remove gloves and wash hands.
25. Document the procedure on MAR/TAR and document the person's response to the treatment.
26. If the treatment is only used as needed, document the need and the response to the treatment.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments:

Skill Checklist for Using a Percussion Vest

1. Read the MAR/TAR to confirm the entire percussion vest order. Read the entire order carefully including special instructions.
2. Wash hands.
3. Gather supplies and equipment. Plug in the machine. The duration, pressure and Hz settings on the machine are pre-set and cannot be changed.
4. Prepare percussion vest equipment. Prepare suction machine if suction will be used.
5. Identify the person and explain the procedure.
6. Encourage the person to relax, breathe normally and cough when they feel like it.
7. Place the vest on the person and check the fit of the vest. The vest should be snug but allow a hand to be inserted between the vest and chest during an inhalation. Check that the bottom of the vest is above the hip bones.
8. Help the person into a comfortable position of their choice with their upper body elevated.
9. Connect the tubing to the vest and generator per supplied instructions.
10. Begin the treatment by pressing the start button.
11. As the vest inflates, firmly grasp it at the bottom and pull it down.
12. Stay within visual range and monitor the person throughout the treatment. Stop the treatment immediately if the person is upset, in pain, vomits, or exhibits other signs of distress.
13. When the treatment is nearly completed, wash hands and put on gloves.
14. When the treatment is completed assist the person to cover their mouth and cough, or suction as instructed by their plan.
15. Have the person clean their face and hands after coughing or suctioning. Assist with these as needed.
16. Remove gloves and wash hands.
17. Document the completed treatment on the MAR/TAR. Document any problems or concerns. If the treatment could not be completed circle your initials on the MAR and write a UIR and notify the appropriate healthcare professional immediately.
18. If the treatment is only used as needed, document the need and the response to the treatment.
19. Clean the vest and machine using a disposable sanitizing wipe at least weekly or more often if visibly soiled.

Trainee name: _____ **Date:** _____

_____ **Instructor initials** **Instructor Name** _____

Comments: