

#80 - ADMINISTERING ORAL MEDICATIONS

(TEST)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

TIME LIMIT: 20 Minutes	P2	P3	TEST	Points/ Comments
1. Checked the patient's MAR against the provider's orders. Did first verification of the EIGHT RIGHTS OF MEDICATION ADMINISTRATION. Checked for patient allergies.				*
2. Gathered the necessary equipment and supplies.				1
3. Performed hand hygiene.				*
4. <u>Prepared the medication:</u>				
a. Kept the door to the medication room closed, and did not accept telephone calls. Followed "No Interruption Zone" policy.				1
b. Arranged the medication tray and cup in a drug preparation area. Accessed the automated dispensing system, or unlocked the medicine drawer or cart.				1
c. Prepared medications for one patient at a time. Followed the EIGHT RIGHTS OF MEDICATION ADMINISTRATION (skill # 77).				*
d. Selected the correct drug. Confirmed the name of the medication by comparing the label with the MAR.				*
e. If the dosages on the label did not match the dosage prescribed, checked or calculated the correct amount of medication to give. Double-checked medication dose calculation. Checked the expiration date of all medications, and returned outdated medication to the pharmacy.				*
f. When preparing a unit-dose tablet or capsule, compared the packaged tablet or capsule with the MAR, and then put it into the medication cup without removing the wrapper.				2
g. Used a single medication cup for tablets and capsules. Placed medications that require a pre-assessment in a separate medication cup.				1
h. If patient needed half of a tablet or pill, split a scored tablet with a clean pill-cutting device. Split the tablet and discarded the other half.				*
i. If the patient had difficulty swallowing, crushed each medication separately using a pill-crushing device. Mixed the ground tablet into a small amount of soft food. Remembered to give each crushed medication separately.				*
j. When retrieving a controlled substance, checked the controlled drug record for the previous count, and compared it with the supply remaining to be sure they match.				1

k. Before going to the patient's room, verified the patient's name on the MAR with the labels on the prepared drugs. Logged out of automated dispensing system after removing drugs.		*
5. Took oral medication to the patient at the correct time. Gave time-critical medications at the precise time ordered. Applied the Eight rights of medication administration.		*
6. <u>Administered the medication:</u> a. Performed hand hygiene.		*
b. Provided for the patient's privacy.		1
c. Introduced self to the patient and family.		1
d. Identified the patient using two identifiers. a. Assessed for Allergies		*
e. For highly acidic medications, offered the patient a nonfat snack if not contraindicated by the patient's condition.		1
f. At the patient's bedside, again compared the MAR with the names of the medications on the medication labels and with the patient's name. Followed the EIGHT RIGHTS OF MEDICATION ADMINISTRATION (skill # 76).		*
g. Performed necessary pre-administration assessment for specific medications. Discussed the purpose of each medication, its action, and possible adverse effects. Asked patient if they would like to take the medication. Allowed the patient to ask questions.		3
h. Scanned the patients arm band		*
i. Scanned the medication		*
j. Administered tablets or capsules with the patient in a sitting or side lying position. Offered water or the patient's preferred liquid to help swallow the medications, as long as it is compatible with the medication.		*
7. <u>For liquid medications:</u> a. Thoroughly mixed liquids before administration, unless drug in a unit-dose container with the correct volume. If the drug is in a multi-dose bottle, removed the bottle cap from the container and placed the cap upside-down on work surface. b. Held the label of the bottle against palm while pouring. c. Placed a medication cup on a level surface and poured the liquid to the desired level. d. If giving less than 10 mL, prepared medication in an oral syringe. e. Label medication cup with patient identifier, medication, dosage, time, date, and initials.		*
8. <u>For orally disintegrating formulations:</u> Removed the medication from the packet just before using by peeling back the foil. Tore the package open carefully. Did not push the tablet through the foil. Placed the medication on top of the patient's tongue. Cautioned him or her against chewing the medication.		*
9. <u>For buccally administered medications:</u> Had the patient place the medication in his or her mouth against the mucous membranes of the cheek and gums until it dissolved.		*
10. <u>For sublingually administered medications:</u> Had the patient place the medication under the tongue and allow it to dissolved completely. Cautioned the patient against chewing or swallowing the tablet. Cautioned the patient		*

against chewing or swallowing lozenges.			
11. <u>For powdered medications</u> : Mixed with liquids at the bedside and gave the mixture immediately to the patient to drink.			*
12. If the patient was unable to hold medications, placed the medication cup to his or her lips and gently and slowly introduced each drug into the mouth, one at a time. Did not rush or force medication administration. If necessary, placed the medication directly into the patient's mouth.			2
13. Stayed until the patient completely swallowed each medication or took it by the prescribed route. Asked the patient to open his or her mouth if not certain whether he or she swallowed the medication.			*
14. Helped the patient return to a comfortable position.			1
15. Disposed of soiled supplies, and performed hand hygiene.			1
16. Placed toiletries and personal items within reach.			1
17. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.			*
18. Raised the appropriate number of side rails and lowered the bed to the lowest position.			*
19. Left the patient's room tidy.			1
20. Correctly documented the medication administration immediately after administration.			*

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed ***** = Must Perform to Pass

TOTAL POINTS _____ / 19

% _____

PASS _____

FAIL _____

Instructor: _____ Date: ____ / ____ / _____

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____