

#85 - ADMINISTERING EAR MEDICATIONS

(TEST)

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

Student: _____ Date: _____

TIME LIMIT 15 Minutes	P2	P3	TEST	Points/ Comments
1. Verified the health care provider's orders against the MAR. Did first verification of the EIGHT RIGHTS OF MEDICATION ADMINISTRATION. Checked for allergies.				*
2. Gathered the necessary equipment and supplies.				1
3. Performed hand hygiene				*
4. <u>Prepared the medication:</u>				1
a. Kept the door to the medication room closed, and did not accept telephone calls. Followed "No Interruption Zone" policy.				1
b. 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 Checked the expiration date of all medications, and returned outdated medication to the pharmacy.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. 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 the Ear Medication to the patient at the correct time. Gave time critical medications at the precise time ordered.				1
6. Provided for the patient's privacy.				1
7. Performed hand hygiene.				*
8.. Introduced self to the patient and family.				*
9. Identified the patient using two identifiers. Compared these identifiers with the information in the patient's MAR or medical record.				*
10. Asked the patient if he or she had any allergies.				*
11. Followed the " Eight Rights of Medication Administration. " Performed the third medication check at the patient's bedside(Skill #76). Compared the MAR or computer printout with the medication labels and patient's name. Checked the expiration of the medication.				*
12. Discussed the purpose of each medication, its action, and possible adverse effects. Allowed the patient to ask questions.				2

13. Performed hand hygiene and applied clean gloves. Scanned patient's armband Scanned medication label			*
14. Helped the patient into a comfortable position Positioned the patient on his or her side with the ear to be treated facing up. Tilted the patient's head toward the unaffected side, and stabilized it with the patient's own hand.			2
17. <u>Instilling ear medications:</u>			*
a. For an adult or child older than 3 years, straightened the ear canal by pulling the pinna up and back. For a child younger than 3 years, pulled the pinna down and back.			2
b. When cerumen or drainage occluded the outermost portion of the ear canal, wiped it out gently with a cotton-tipped applicator. Took care not to force cerumen into the canal.			*
c. Instilled the prescribed drops by holding the dropper 1 cm above the ear canal.			1
d. Asked the patient to remain in a side-lying position for a few minutes. Gently massaged or put pressure on the tragus of the ear with finger.			2
e. When ordered, gently inserted a portion of a cotton ball into the outermost part of the ear canal. Removed the cotton after 15 minutes.			1
18. Disposed of used supplies in the appropriate trash receptacle, removed and disposed of gloves, and performed hand hygiene.			1
19. Helped patient into a comfortable position and placed toiletries and personal items within reach.			*
20. Placed the call light within easy reach and made sure the patient knew how to use it to summon assistance.			*
21. Raised the appropriate number of side rails and lowered the bed to the lowest position.			1
22. Left the patient's room tidy.			*
23. Documented and reported the patient's response and expected or unexpected outcomes.			

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

TOTAL POINTS _____ / **17** _____

% _____

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: _____