

DUVAL COUNTY DISTRICT SCHOOLS AND DOH-DUVAL SCHOOL HEALTH SERVICES

Medication Administration Skills Checklist



Staff person trained \_\_\_\_\_ Position \_\_\_\_\_

Procedure Guidelines	Return Demo Date _____
Washes hands before and after procedure.	
Gives proper dose of medication at proper time. States 5 Rights.	
Compares labeled medication container with written order.	
Reads label 3 appropriate times.	
Checks expiration date on label.	
Documents medications given correctly.	
Maintains security of medication area.	
Describes proper actions for medication refusal, field trip, and medication error.	
Emergency Medications:	
<b>Epipen:</b>	
States symptoms of allergic reaction, location of med and emergency plan.	
Demonstrates, with trainer, correct procedure for administration.	
States follow-up procedures	
<b>Glucagon:</b>	
States signs of hypoglycemia, location of med and emergency plan.	
Demonstrates mixing of medication in syringe	
Demonstrates proper injection technique, using correct site.	
Correctly states care after administering medication.	
<b>Diastat:</b>	
States understanding of when to use this medication, location of med and emergency plan	
Demonstrates proper positioning of child, procedure for administering med	
States care needed after administering medication	

I understand that I am to administer medications to students according to these procedures as designated by the school principal and delegated to me by the DOH-Duval RN. I understand that I am to immediately report to the school nurse any new orders, change in medication orders, changes in student health status, and/or discovery of a medication error. In the event of a medication error, I am to fill out a medication variance report and forward it to the appropriate parties. I understand that I may not delegate this task to any other person.

Signature \_\_\_\_\_ Date \_\_\_\_\_