

Oral Medication Administration
Skills Checklist

Student: _____ Validator _____ Date: _____

Medication: _____, _____, _____

Criteria	Met	Not Met	Comment
1. Check the accuracy of the medication order. (check MAR w prescriber orders)			
2. Assess for any contraindications to client receiving medications (npo, hypotension, heart rate, allergies, labs, etc.)			
3. Perform the 6 rights of medication administration <ul style="list-style-type: none"> a. patient (verbal, ID: name and mr#) b. drug/indication c. dose (including correct computation) d. route e. time f. documentation 			
4. Med knowledge: <ul style="list-style-type: none"> a. Generic and trade names b. Classification (non critical) c. Indication including your patients d. Therapeutic dose range and your pt dose e. Significant side effects f. Nursing implications 			
5. Prepare meds <ul style="list-style-type: none"> a. Wash hands b. Take medications/MAR to patient's room c. Check each medication against MAR d. Check medication expiration date e. Tell patient name, dose, indication as appropriate f. Open medication and place in med cup g. Repeat procedure until all meds are in cup h. Administer meds according to patient preference/condition 			
6. Never leaves medication unattended			
7. Remain w patient until medication is ingested			
8. Document according to policy and procedure			