



Medication Administration Skills Checklist

For Unlicensed Assistive Personnel

Student Name: _____ **Date:** _____

SKILL OBSERVED	Satisfactory (Check)	Comments
Washes hands prior to preparing medication(s).		
Verifies resident/patient name.		
Verifies correct medication according to physician order.		
Verifies correct medication form (tablet, liquid, etc.).		
Verifies correct dosage according to medication record or physician order.		
Verifies correct time of administration according to order and facility policy.		
Verifies correct route of administration (oral, topical, etc.).		
Avoids touching medications; discards dropped medications per facility policy.		
Checks for allergies or contraindications prior to administering medication.		
Demonstrates ability to look up medication to determine side effects, appropriate dosage, and contraindications.		
Properly documents administration of medication according to facility policy.		
Demonstrates appropriate administration technique.		
Reports patient/resident refusal of medication according to facility policy.		
Identifies medications correctly which cannot be crushed.		
Recognizes (verbalizes) major side effects of medications administered.		

RN Skills Verification & Certification

I certify that I am a licensed Registered Nurse (RN) in good standing. I further certify that I personally observed and verified the medication administration skills listed above for the student named on this form.

RN Printed Name: _____

RN License Number: _____ State: _____

RN Signature: _____ Date: _____