Medication Practicum:
Medication Administration Skills Evaluation

Employee Name: _____

Areas of Demonstration	TRIAL 1 Date: Evaluator Initials:		TRIAL 2 Date: Evaluator Initials:		TRIAL 3 Date: Evaluator Initials:		Comments
	YES	NO	YES	NO	YES	NO	
1. Employee washed hands and gathered all necessary supplies (cup, water, etc.).	☐	☐	☐	☐	☐	☐	
2. Employee obtained the key and opened the box.	☐	☐	☐	☐	☐	☐	
3. Using the Medication Administration Record (MAR), the employee found the correct medication to be administered to the right person.	☐	☐	☐	☐	☐	☐	
4. Employee compared copy of written order/prescription to the medication label, to ensure prescriber's orders were met.	☐	☐	☐	☐	☐	☐	
5. Employee compared medication label to the MAR to ensure the MAR was copied from the label exactly and all of the information is correct.	☐	☐	☐	☐	☐	☐	
6. Employee counted the correct dosage of medication and poured into cup without touching the medication.	☐	☐	☐	☐	☐	☐	
7. Double-Check – Employee compared the dosage in the MAR to the label on the bottle before administering.	☐	☐	☐	☐	☐	☐	
8. Employee handed the cup to the person receiving medication and encouraged them to put medication directly in mouth from cup.	☐	☐	☐	☐	☐	☐	
9. Employee offered water to the person (unless otherwise prescribed).	☐	☐	☐	☐	☐	☐	
10. Employee watched for the person to swallow the medication and followed any special administration instructions (food, sit upright, etc.).	☐	☐	☐	☐	☐	☐	
11. Employee initialed the MAR for the correct medication, day, and time.	☐	☐	☐	☐	☐	☐	
12. Employee signed and initialed the MAR if administering medications for the first time that month on that sheet.	☐	☐	☐	☐	☐	☐	
13. Employee put everything back in the medication storage container.	☐	☐	☐	☐	☐	☐	
14. Employee locked the box and secured the key.	☐	☐	☐	☐	☐	☐	

Medication Administration Skills Evaluation – Signature Page

Employee Name (print):	
Employee Signature:	Date:
TRIAL 1	
Evaluator Name (print):	
Evaluator Signature:	Date:
TRIAL 2	
Evaluator Name (print):	
Evaluator Signature:	Date:
TRIAL 3	
Evaluator Name (print):	
Evaluator Signature:	Date: