

## Medication Practicum: Mock Medication Administration – Observation Checklist

Employee Name: \_\_\_\_\_

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_