



### Final Medications Return Demonstration

Trainee Name (print & sign):	Outcome Observer Initials:	Pass or Complete	Fail or Incomplete
Observation Date:	Start Time:	End Time:	
Observation Site:			
Observer Name/Title:			

Scoring Key:   √ - Did the Step   X - Did Not do Step   P - Required Prompt

<b>PREPARATION PHASE</b>	<b>Oral Pill</b>	<b>Oral Liquid</b>	<b>Topical Lotion</b>	<b>Eye Drops</b>
Check medications to be given, times, and the persons to receive medication				
Check for Information on Medications				
Compare allergies with Medication Information				
<b>PREPARE MEDICATIONS</b>				
Check body area(s) to be treated with topical medications				
Wash off work area				
Wash hands				
Find right Medication & do Check #1				
Take Medication from storage & do Check #2				
Prepare Medication				
Safety Inspection (cracks, chips, dried) Medication				
Do check #3 and "dot" record for preapred Medication				
Return Medication to storage & secure before leaving the area				
<b>ADMINISTER MEDICATION</b>				
Positively identify the right person & explain the reason for the Medication				
Provide privacy for the procedure				
Position the person correctly				
Use gloves appropriately				
Give the Right Medication				
...to the Right person...				
...by the Right route...				
...in the Right dosage...				
...at the Right time...				
Stay with the person afterwards				
<b>CLEAN UP AND DOCUMENT</b>				
Properly dispose of cups, gloves, etc.				
Wash hands				
Document according to the 5 Rights				
Observe, report, record response to the Medication				

\* - If no training hours are indicated by instructor, then 0.5 hrs are credited