Medication Administration Procedure

For Field Trip Checklist

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| Procedure | initials |
| 1. Wash your hands, or use alcohol-based hand sanitizer. |  |
| 1. Give medication within 30 minutes of the scheduled time. |  |
| 1. Identify student and assure privacy and confidentiality. |  |
| 1. Retrieve secured medication in its original container, and check the label, comparing it with the student's medication record, orders, and parent authorization. |  |
| 1. Check label again before administering, comparing it with the student's medication record, orders, and parent authorization. |  |
| 1. Remove the medication lid and place it carefully to not contaminate inside. Do not touch medication at any time. |  |
| 1. Do not leave medication at any time. |  |
| 1. Administer medication as ordered. |  |
| 1. Document medication immediately per school procedure to include student name, medication, dose, route, date, and time administered, and the person who administered will sign the record. |  |
| 1. Check the label for the third time, comparing it with the student's medication record, orders, and parent authorization, then return to secured storage. |  |
| 1. I understand school procedures regarding when and how to contact the school nurse/parent/guardian and/or call 911. |  |
| 1. I can locate emergency contact information. |  |

I have been trained and have demonstrated competency for administering medication for this field trip. I have had the opportunity to ask questions and have received answers to my satisfaction.

Signature of UAP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Signature of RN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_