# Massachusetts Department of Public Health

# Medication Administration Competency Skill Checklist

# To be completed at the time the Health Care Supervisor (other than licensed medical professional) is assessed by the camp’s Health Care Consultant.

## Staff Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Health Care SupervisorName: |  |  |  |
|  |  |  |  |
| Date: |   |  |
|  |  |  |
| Medication Name: |  |

Route: Oral Tablet Topical  Drops: eye, ears, nose

|  |  |
| --- | --- |
|   |  |
|  |  |

 Oral Liquid Other (please document):­­­­­­­­­­­­­­­

## Checklist:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Steps to follow: √ (Check)**

|  |  |
| --- | --- |
| Identifies camper  |  |
| Asks camper how he/she feels |  |
| Observes camper  |  |
| Reads medication administration plan |  |
| Washes hands  |  |
| Checks label of medication |  |
| Prepares medication properly  |  |
| Reads label of medication a 2nd time |  |
| Reads label of medication a 3rd time and administer med correctly |  |
| Replaces medication in cabinet or refrigerator |  |
| Locks cabinet |  |
| Documents in medication log |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Signatures:

|  |  |  |  |
| --- | --- | --- | --- |
| Health Care ConsultantName and Title: |   |  |  |
|  |  |  |  |
| Signature: |  |   |  |
|  |  |  |  |

**Health Care**

**Supervisor**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |   |  |