

IV Medication Administration Skills Checklist

Student: _____ Validator _____ Date: _____

Medication: _____, _____, _____

Criteria	Met	Not Met	Comment
1) Check the accuracy of the medication order. (check MAR w prescriber orders)			
2) Assess for any contraindications to client receiving medications (npo, hypotension, heart rate, allergies, labs, etc.)			
3) Perform the 6 rights of medication administration a) patient (verbal, ID: name and mr#) b) drug/indication c) dose (including correct computation) d) route e) time (1) documentation			
4) Med knowledge: a) Generic and trade names b) Classification (non critical) c) Indication including your patients d) Therapeutic dose range and your pt dose e) Significant side effects f) Nursing implications			
5) Prepare meds a) Wash hands b) Check each medication against MAR c) Check medication expiration date d) Prepare IVPB: i) Inject appropriate medication into appropriate solution (if necessary) ii) Attach IV tubing and prime without losing medication and expelling air iii) Wear gloves if antibiotic e) Take medications/MAR to patient's room f) Assesses IV access for patency &/or complications g) Ask patient name, check arm band for name and mr# h) Tell patient name, dose, indication as appropriate i) Attach IVPB (if hep lock must flush w ns first) j) Adjust flow rate/set pump k) Document on MAR and I&O l) Medication runs "on time" and is discontinued and discarded.			
6) Never leaves medication unattended			
7) Document according to policy and procedure			