

## 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

Supervisor

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

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 2 <sup>nd</sup> time	
Reads label of medication a 3 <sup>rd</sup> time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	

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

#### Signatures:

Health Care

Consultant

Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Health Care

Supervisor

Signature: \_\_\_\_\_