

PLYMOUTH COMMUNITY SCHOOL CORPORATION

MEDICATION IN-SERVICE CHECK LIST

Name: _____

Title: _____

School: _____

Date of In-Service: _____

Signature of Instructor: _____

Objectives: The designee will be able to administer the right drug, to the right student, at the right time, in the right dosage, by the right route (Five Rights Formula).

- ___ 1. Knows how to select proper medication sheet(s) and drugs.
- ___ 2. Knows to identify each student carefully, asks name, waits for response from student.
- ___ 3. Instructed to read prescription label three (3) times and compare with medication log sheet.
- ___ 4. Instructed how to pour required number of tablets or capsules into bottle cap before giving to student.
- ___ 5. Knows how to accurately measure liquids.
- ___ 6. Makes certain that student swallows medication.
- ___ 7. Uses medication log sheet to record medication accurately such as date, time, initials, and signature.
- ___ 8. Knows the correct route of administration of each drug administered.
- ___ 9. Knows the dose to be given of each drug administered.
- ___ 10. Knows where to find information about the most frequent side effects of each drug administered.
- ___ 11. Knows to expose each medication sheet individually while selecting or pouring dose.
- ___ 12. Documents quantity of medication received from parent or guardian.
- ___ 13. Is familiar with the policy of the Plymouth Community School Corporation on administering medications.