|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Areas of Demonstration | Trial 1 | Trial 2 | Trial 3 | Comments |
| Date: | Date: | Date: |
| Evaluator Initials: | Evaluator Initials: | Evaluator Initials: |
| Yes  | No  | Yes  | No  | Yes  | No  |
| Employee washed hands and gathered all necessary supplies (e.g. cup, water, etc). |  |  |  |  |  |  |  |
| Employee obtained key and opened box. |  |  |  |  |  |  |  |
| Using the Medication Sheet, the employee found the correct medication to be administered. |  |  |  |  |  |  |  |
| Employee compared the pharmacy label to the copy of prescription to the medication administration record/sheet to assure correct medication was to be administered. |  |  |  |  |  |  |  |
| Employee counted the correct dosage of medication and poured into cup without touching the medication. |  |  |  |  |  |  |  |
| Employee compared the pharmacy label to the copy of prescription to the medication administration record/sheet to check again that the correct medication was to be administered. |  |  |  |  |  |  |  |
| Employee handed the cup to the individual receiving medication. Encouraged the individual to put medication directly in mouth from cup. |  |  |  |  |  |  |  |
| Employee offered water to the individual (unless otherwise prescribed). |  |  |  |  |  |  |  |
| Employee watched for the person to swallow the medication and followed any special administration instructions (food, sit upright, etc). |  |  |  |  |  |  |  |
| Employee initialed the Medication Sheet for the correct medication, day, and time. |  |  |  |  |  |  |  |
| Employee signed and initialed the medication administration record/sheet if administering medications for the first time that month on that sheet. |  |  |  |  |  |  |  |
| Employee ensured the packaging is secure and put everything back in the medication box. |  |  |  |  |  |  |  |
| Employee locked box and secured key.  |  |  |  |  |  |  |  |
| Signatures |
| Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Evaluator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Evaluator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |
| Evaluator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Evaluator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: |