Medication Training

Competency Checklist

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| --- | --- | --- | --- |
| Task | Met | Not Met | Comment |
| 1. Verbalizes understanding of, and the ability to locate district/school policies. |  |  |  |
| 1. Verbalizes understanding of, and the ability to locate Maine Rule, Chapter 40. |  |  |  |
| 1. Able to state the 6 rights of medication administration. |  |  |  |
| 1. Demonstrates the ability to locate the following on the medication label: student name, medication name, dose, route, and time. |  |  |  |
| 1. Able to state basic classifications of medications. |  |  |  |
| 1. Able to state the common routes of medication. |  |  |  |
| 1. Can state common medications and potential side effects. |  |  |  |
| 1. Demonstrates knowledge and ability to administer and document medications given. |  |  |  |
| 1. Successfully describes a medication error, how to respond, can locate medication error form, and when and how to document. |  |  |  |
| 1. Successfully describes common signs and symptoms of an allergic reaction or anaphylaxis. |  |  |  |
| 1. Can describe adverse effects and how to respond. |  |  |  |
| 1. Verbalizes when and how to contact the school nurse/parent/guardian and/or call 911. |  |  |  |
| 1. Able to locate emergency contact information. |  |  |  |
| 1. Understands their role in confidentiality of student health information. |  |  |  |

Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_