

Intramuscular 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 <ul style="list-style-type: none"> a. patient (verbal, ID: name and mr#) b. drug/indication c. dose (including correct computation) d. route e. time f. documentation 			
4. Med knowledge: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> a. Wash hands b. Take medications/MAR to patient's room c. Check each medication against MAR d. Check medication expiration date e. Tell patient name, dose, indication as appropriate f. Prepare syringe for injection g. Dons gloves h. Chooses appropriate site/landmarks (deltoid, ventral gluteal, vastas lataralis) i. Cleans skin appropriately w alcohol wipe j. Holds skin taut k. Injects at a 90 degree angle l. Aspirates plunger. If blood remove. m. Inject/removes needle/wipe w alcohol/safely disposes needle and syringe n. Remove gloves and wash hands 			
6. Never leaves medication unattended			
7. Document according to policy and procedure			