# IV Medication Administration Skills Checklist

**Student:** ___________________________  **Validator:** ___________________________  **Date:** __________

| Medication: ___________________, _____________________, ___________________ |

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Met</th>
<th>Not Met</th>
<th>Comment</th>
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<tbody>
<tr>
<td>1) Check the accuracy of the medication order. (check MAR w prescriber orders)</td>
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<td>2) Assess for any contraindications to client receiving medications (npo, hypotension, heart rate, allergies, labs, etc.)</td>
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| 3) Perform the 6 rights of medication administration  
   a) patient (verbal, ID: name and mr#)  
   b) drug/indication  
   c) dose (including correct computation)  
   d) route  
   e) time  
   (1) documentation |   |   |   |
| 4) Med knowledge:  
   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  
   a) Wash hands  
   b) Check each medication against MAR  
   c) Check medication expiration date  
   d) Prepare IVPB:  
      i) Inject appropriate medication into appropriate solution (if necessary)  
      ii) Attach IV tubing and prime without losing medication and expelling air  
      iii) Wear gloves if antibiotic  
   e) Take medications/MAR to patient’s room  
   f) Assesses IV access for patency &/or complications  
   g) Ask patient name, check arm band for name and mr#  
   h) Tell patient name, dose, indication as appropriate  
   i) Attach IVPB (if hep lock must flush w ns first)  
   j) Adjust flow rate/set pump  
   k) Document on MAR and I&O  
   l) Medication runs “on time” and is discontinued and discarded. |   |   |   |
| 6) Never leaves medication unattended |   |   |   |
| 7) Document according to policy and procedure |   |   |   |

5/07 mt