

**MEDICATION ADMINISTRATION OBSERVATION SHEET**

**PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE  
MEDICATION ADMINISTRATION TRAINING PROGRAM**

EMPLOYEE'S NAME: \_\_\_\_\_

PLACE A 'C' FOR EACH STEP COMPLETED CORRECTLY AND AN 'I' FOR STEPS COMPLETED INCORRECTLY IN THE COLUMN MARKED CORRECT/INCORRECT. RECORD NOTES IN THE 'COMMENTS' COLUMN. ALL ITEMS MARKED WITH AN 'I' REQUIRE A NOTE.

	DATE OF OBSERVATION:		COMMENTS	DATE OF OBSERVATION:	
	CORRECT	INCORRECT		CORRECT	INCORRECT
ADMINISTRATION STEPS					
1. IDENTIFY PERSON AND MEDICATION					
2. CLEAN WORK SPACE					
3. GATHER EQUIPMENT					
4. WASH HANDS					
5. UNLOCK MEDICATION					
6. CHECK 1					
7. CHECK 2					
8. CHECK 3					
9. ADMINISTER MEDICATION					
10. OBSERVE TAKING					
11. LOOK AGAIN (CHECK 4)					
12. PUT MEDICATION AWAY					
13. DOCUMENT					
14. WASH HANDS					
15. OBSERVE FOR EFFECTS					
<b>INDICATE PASS/FAIL</b>					
SIGNATURE OF TRAINER OR PRACICUM OBSERVER		PASS _____	FAIL _____	SIGNATURE: _____	
		PASS _____	FAIL _____	SIGNATURE: _____	

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