

SRS Medication Administration Observation Tool

Steps to Safe Medication Administration

Employee name/title: _____

Date: _____

Lead/Supervisor: _____

Site/Dept: _____

		Every Patient, Every Time	Met	Not Met	N/A	Patient Right Protected
Prior to entering exam room	1	Mandatory signage present in medication room/area (NIZ, 7 Rights, 3 Checks, IM Injection grid, current flu grid)				
	2	Medication order printed from TouchWorks (2 printed if MA)				Patient, Medication, Dose, Route, Time
	3	Allergies noted on medication order print-out				Reason
	4	If vaccine:				
		- Immunization record checked for appropriateness of order				Reason
		- SRS Vaccine Administration Reference Binder consulted				Reason
		- VIS provided to patient prior to administration				Reason
	5	Three checks performed (when taking OUT, when drawing UP, when putting/throwing AWAY), including:				Medication, Dose, Route
		- Vial/bottle held against printed order to ensure correct medication and dose was pulled				Medication, Dose, Route
		- Entire order read out loud including medication name, dose, route, time (<i>for observation check-off only</i>)				Medication, Dose, Route, Time
	6	Dosage calculation performed correctly. Appropriate amount of medication drawn up.				Medication, Dose, Route
	7	If injection:				
		- Syringe properly labeled with medication name				Medication
8	If MA:					
	- Medication and diluent verified with licensed staff Name: _____					
	- Licensed staff checked vials (including diluent) against order				Medication, Dose, Route, Time	
	- Licensed staff checked allergies, verified correct dosage & appropriateness of order (age, reason)				Dose, Reason	
In exam room	9	Order brought into exam room along with medication				
	10	Full name and date of birth verified verbally with patient and compared against order prior to administration				Patient
	11	Allergies re-verified with patient prior to administration				Reason
	12	Medication re-verified against order in room				Medication, Dose, Route, Time
	13	Medication explained to patient				Medication, Reason
	14	Medication appropriately administered (injection given in correct location, aseptic technique used)				Route
	15	Medication documented immediately after administration				Documentation
	16	Appropriate monitoring of patient post-administration				

Comments:

Printed name and Signature of evaluator: _____