

Caregiver Training Institute Medication Aide Clinical Skills Checklist to meet 7/1/2025 Curriculum

Student Name: _____

Clinical: The skills must be demonstrated on a client, patient, or resident in the clinical setting under the supervision of Board-approved faculty.

*Faculty must make every effort to accomplish all skill(s) listed in the clinical setting(s) on clients, patients, or residents. If not available, list the skill(s) in the comment box below and document how the skill(s) was demonstrated, e.g., scenario/simulation, skill test etc.

| Clinical Skills | Date (mm/dd/yy) Return Demonstrated in Clinical | Initials/ signature Board Approved Nurse Evaluator |
|---|---|---|
| Demonstrates med cart controlled substance count at change of shift | | |
| Stocks medication cart for med passes | | |
| Performs three safety checks: compare med label to MAR: Pull, Pour, and Store | | |
| Checks for known medication allergies prior to administration | | |
| Checks the expiration date of the medication prior to administration | | |
| Follows facility policy utilizing organized system for passing meds | | |
| Protects client confidentiality | | |
| Completes six rights for every med administration: right client, drug, dose, route, time, and documentation | | |
| Checks and records vital signs appropriate for medication | | |
| Measures liquid meds accurately | | |
| Prepares crushed meds properly | | |
| Properly administers meds by the following routes: | | |
| • Oral | | |
| • Eye | | |
| • Skin ointments, topical including patches or transdermal | | |
| • Metered hand-held inhalers including proper use of spacer | | |
| Maintains security of medication room and cart | | |
| Demonstrates appropriate reporting to licensed nurse: PRN, Refusal, and/or Changes in client condition | | |
| <p>Comment(s): *Faculty must make every effort to accomplish all skill(s) listed in clinical setting(s) on residents/patients. If not available, list the skill(s) in the comment box below and document how the skill(s) was demonstrated, e.g., scenario/simulation, skill test etc.</p> | | |

Signature of Student _____

Date _____

Signature of Instructor _____

Initials _____ Date _____

Signature of Instructor _____

Initials _____ Date _____

Signature of Program Director _____

Initials _____ Date _____

Clinical Site _____

02/20/2025; Effective 07/01/2025