



## Skills Modules 3.0 Checklist: Oral and Topical Medication Administration

### Enteral Medication Administration

**INSTRUCTIONS:** Use the following checklist to evaluate competency in completing this skill. Select Satisfactory (S) or Unsatisfactory (U) for each step and provide comments as needed.

\*Document the relevant information (assessment findings, pharmacological and nonpharmacological interventions) in the client's medical record.

#### Step by Step

STEP	S	U	EVALUATOR'S COMMENTS
Check medication order against the original order in medical record.			
Assess need for medication, any interactions, safe dosing, adverse effects, and age/condition considerations.			
Limit distractions and prepare for only one client at a time.			
Check MAR and remove prescribed medication from the medication supply system.			
Compare medication label with MAR.			
Check expiration date and perform calculations.			
Check form of prescribed medication on hand and evaluate need to crush and dissolve medication.			

STEP	S U EVALUATOR'S COMMENTS
If required, after crushing, dissolve medication in recommended liquid.	
Gather supplies and take medications to the client's bedside at correct time.	
*Introduce yourself to the client.	
*Perform hand hygiene and put on appropriate PPE if indicated.	
*Verify client identification and scan barcode as per facility policy.	
Recheck medication label with MAR.	
*Determine whether the client has allergies.	
Complete assessments as indicated by medication.	
*Provide client education.	
Elevate head of bed to at least 30 degrees.	
If applicable, pause tube feeding according to facility policy and medication recommendations.	

STEP	S U EVALUATOR'S COMMENTS
Check placement of feeding tube according to facility policy.	
Check gastric residual volume.	
Insert 60 mL syringe into gastric tube and flush gastric tube with 30 mL water via gravity.	
Pour first dose of medication into syringe.	
Flush between each medication with 15 to 30 mL of water.	
After administering the last dose of medication, flush gastric tube with 30 to 60 mL of water.	
Clamp the feeding tube, remove syringe, and cap the end of the feeding tube. Restart feeding, if indicated, according to agency policy and medication recommendations.	
*Ensure that the client is in a safe position prior to leaving the room and has the call light within reach.	
Evaluate the outcome at the appropriate time frame.	

## References

Lynn, P. (2019). *Taylor's clinical nursing skills: A nursing process approach* (5th ed.) Philadelphia: Wolters Kluwer, p 114-115.

Perry, A.G., Potter, P.A., Ostendorf, W.R. (2018.). *Clinical nursing skills & techniques* (9th ed.) St. Louis, MO: Elsevier, pp. 187-191