



# GLOBAL EMERGENCY MEDICAL REGISTRY

## Medication by Intranasal Route Skill Documentation Form

Candidate (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Examiner (Instructor or Licensed Provider): \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Task:	Correct	Incorrect
Explains procedure to patient, if possible		
Takes Body Substance Isolation procedures and PPE		
Checks for allergies, contraindications, and incompatibilities prior to administration		
Checks Medication for: <ul style="list-style-type: none"> <li>• Correct Medication and dose</li> <li>• Solution Clarity</li> <li>• Concentration</li> <li>• Expiration Date</li> </ul>		
Draw up correct dose of medication into syringe		
Place Mucosal Atomization Device (MAD) onto syringe		
Place MAD into nostril		
Press syringe plunger briskly while assuring MAD remains in nostril		
Withdraw MAD and syringe after completely administering medication		
Obtain a full set of vital signs		
Monitor patient for adverse effects		
Monitor patient for desired effects		

<b>Critical Failure Criteria</b>	
	Failure to administer medication within 3 minutes
	Failure to take BSI precautions
	Failure to administer the correct drug, dose, or methodology
	Uses inappropriate affect with patient or examiner
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form

NOTE: Provide a “patient” reclined for candidate and allow time for candidate to familiarize with the supplies provided for skill.