



GLOBAL EMERGENCY MEDICAL REGISTRY

Medication by Oral Chewable Route (Aspirin) 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"> • Correct Medication and dose • Tablet Intact • Chewable? • Expiration Date 		
Asks patient if they are currently taking Aspirin		
Provides the Aspirin to patient in gloved hand and instructs patient to take from hand and place in mouth then chew the tablets until gone		
Assures patient chews Aspirin		
Properly documents administration of drug		
Reassess patient		

Critical Failure Criteria	
	Failure to administer medication within 3 minutes
	Failure to take BSI precautions
	Failure to administer the correct drug, dose, or methodology
	Failure to check for allergy
	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 candidate a reclined “Patient” and provide time to familiarize with supplies provided for skill.