



GLOBAL EMERGENCY MEDICAL REGISTRY

Medication by Oral Route (Acetaminophen) 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 • Assure patient mental status acceptable to swallow medication • Expiration Date 		
Provides patient 30 ml (1 oz) of water in medication cup and asks patient to hold for medication		
Provides the Acetaminophen to patient in gloved hand and instructs patient to take from hand and place in mouth and swallow with water.		
Assures patient shallows medication		
Properly documents administration of drug		
Reassess patient		

<u>Critical Failure Criteria</u>	
	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 or mental status
	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.