

SCDDSN Employee Checklist - Topical Medications

Employee:						
✓	off time	Consumer Initials	Reviewer	Credential	Date	
1						
2						
3						
SCORING: If the employee completes the task independently (without verbal prompts or manual assistance), place a 'Y' in the check off results column for YES. If the employee does not complete the task or requires verbal or manual guidance, place a 'N' in the check off results column for NO. An employee is not considered competent in administration of topical medications unless all items are rated as 'YES'.						
Does the employee complete all of the following steps independently?						
Item				✓ off time		
FOR TOPICAL MEDICATION				1	2	3
Preparation:						
Identifies when medications need to be reordered and notifies appropriate person OR a system is in place to support the employee in re-ordering medication						
Washes hands						
Confirms the identity of consumer using at least 2 methods of identification						
Locates and places the following items on a clean surface						
<ul style="list-style-type: none"> • Gloves • Applicator such as tongue blade, clean gauze pads, cotton-tipped swab • Medication Administration Record (MAR) and pen 						
Identifies and removes correct topical medication from locked medication supply comparing the label with MAR – 1st Medication Check						
Identifies the purpose of the topical medication						
Identifies the most common side effects of the topical medication						
Identifies who to contact if problems with medication occur						
Identifies correct site for application of topical medication						
Applying the medication:						
Puts gloves on						
Prepares site for application (e.g. cleans and dries the site)						
Rechecks that the medication selected is correct – 2nd Medication Check						
Opens medication container						
Dispenses the appropriate amount of medication from the container to a gloved finger or applicator						
Rechecks label of medication to ensure medication is correct – 3rd Medication Check						
Applies the appropriate amount of medication on the designated area using gloved finger or applicator						
Closes medication container						
Using gloved hand, spreads medication onto affected area until absorbed. Avoids rubbing the skin.						
Applies dressing to area (if appropriate)						
Removes gloves						

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Applying the medication, cont'd	1	2	3
Disposes of tongue blades, gauze pads, cotton-tipped swabs and gloves in appropriate receptacle			
Washes hands immediately			
Documents medication administered on the MAR			
Returns medication container to the appropriate locked storage space			
Clean up:			
Wipes off counter			
Returns MAR to proper location			
Washes hands			

Signatures upon successful completion:

Reviewer: _____ Employee: _____ Date: _____

SAMPLE