## **SCDDSN Employee Checklist - Sublingual Medication**

Employee: ✓ off time	Consumer Initials	Reviewer	Credential		Date		
1	Initials						
2							
3							
SCORING: If th results column fo	r YES. If the employe	s the task independently (without verbal promp e does not complete the task or requires verbal considered competent in administration of oral	or manual guidance, place a 'N' in t	he check off	f results		
	Does the	e employee complete all of the followi	ng steps independently?				
Item				✓	✓ off time		
		FOR SUBLINGUAL MEDICATION	I	1	2	3	
Preparation:							
		ed to be reordered and notifies appropriation re-ordering medication	ate person OR a system is in				
Washes hands							
Confirms the i	dentity of the con	sumer using at least 2 methods of ident	ification	7			
Locates Medio	cation Administrat	tion Record (MAR) and pen					
		ntainer(s)/bottle(s)/blister pack(s)/media Medication Check	cation organizer and remove	s			
	ourpose of each m				1	1	
		e effects of each medication			1	1	
Identifies who	to contact if prob	lems with medication occur			1	1	
		ontainer(s) selected are correct – 2nd M	edication Check		1	1	
	rect container(s)/c				1	1	
Removes the c medication cu		the container(s)/bottle(s)/blister pack(s)	/ compartment and places it	in a			
	dication container	(s)				+	
		ication is correct – <b>3rd Medication Ch</b>	neck		+	+	
		r(s) to the appropriate locked storage sp			-		
	g the medication				1		
Puts on clean	<u> </u>	V			1	1	
		the sublingual tablet under the consume	er's tongue				
	· · · · ·	ow the tablet or eat, drink, or smoke unt	, i i i i i i i i i i i i i i i i i i i	d.		T	
		cording to agency policy				T	
Washes hands							
Documents me	edications adminis	stered on MAR					
Clean up:							
Disposes of m	edication cup in a	ppropriate receptacle and wipes off cou	Inter				
Disposes of m	<u>euleation e</u> up m a	ppropriate receptacie and wipes on cou	inter				

 Reviewer:
 \_\_\_\_\_\_\_
 Date:
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