UC DAVIS HEALTH | Center for Professional Practice of Nursing

| Ambulatory LVN and MA Medication Administration Skills | | |
|---|---|---|
| Page 1 of 8 | | |

| Name: | Employee ID #: |
|---|---|
| Unit: | Title: |

**Due Date: _____**   (new hires: prior to end of orientation period)

| Skill/Learning<br>Not all skills are applicable to all Nursing areas – if not applicable mark as N/A | Skill Code<br>(For CPPN Use Only) | Date Completed<br>(or N/A) | Verifier<br>Initials |
|---|---|---|---|
| Overview: Medication Administration | DAHS-NSCAMBMEDADMIN | | |
| Ear Instillation Medication Administration Verification | DAHS-NSCAMBEIMEDADMIN | | |
| Eye Instillation Medication Administration Verification | DAHS-NSCAMBEARIMEDADMIN | | |
| Inhaled and Nasally Instilled Medication Administration Verification, Including Oxygen | DAHS-NSCAMBINIMEDADMIN | | |
| Intradermal Medication Administration Verification | DAHS-NSCAMBIMEDADMINV | | |
| Intramuscular Medication Administration Verification | DAHS-NSCAMBINTRAMEDADMIN | | |
| Oral and Sublingual Medication Administration Verification | DAHS-NSCAMBOSMEDADMINV | | |
| Rectal and Vaginal Medication Administration Verification | DAHS-NSCAMBRVMEDADMINV | | |
| Subcutaneous Medication Administration Verification | DAHS-NSCAMBSUBMEDADMINV | | |
| Topical Medication Administration Verification | DAHS-NSCAMBTOPMEDADMINV | | |

| Name: | Employee ID #: |
|---|---|
| Unit: | Title: |

**Due Date: _____**          (new hires: prior to end of orientation period)

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**SIGNATURE PAGE:**

**Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:**

| Initial: | Print Name: | Signature: |
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**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

| Printed Name | Signature |
|---|---|
|  |  |

**Scan Page 1 and 2 ONLY and email to:** hs-cppn@ucdavis.edu          CREATED December 2024

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| | Date | Verifier Initials |
|---|---|---|
| **Overview: Medication Administration DAHS-NSCAMBMEDADMIN** | | |
| **References:**<br>   UC Davis Health Policy 4055: Medication Administration | | |
| Reviews UC Davis Health Policy 4055: Medication Administration | | |
| Completes MA/LVN Medication Math Exam #DAHS-NGNMAMME20 with passing score of >90% | | |
| Completes MA/LVN Medication Administration Class Post-Test with passing score of >90% | | |
| **Ear Instillation Medication Administration DAHS-NSCAMBEIMEDADMIN** | | |
| **References:**<br>   UC Davis Health Policy 4055: Medication Administration | | |
| Reviews UC Davis Health Policy 4055: Medication Administration | | |
| Completes online module: Medication Administration: Ear Drops  #DAHS-NGNMAED-ECS | | |
| Successfully administers ear instilled medication as verified by a skill verified healthcare provider: | | |
|    1.  Medication name: | | |
|    2.  Medication name: | | |
|    3.  Medication name: | | |

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| | Date | Verifier Initials |
|---|---|---|
| **Eye Instillation Medication Administration DAHS-NSCAMBEARIMEDADMIN** | | |
| References:<br>UC Davis Health Policy 4055: Medication Administration | | |
| Reviews UC Davis Health Policy 4055: Medication Administration | | |
| Completes online module: Medication Administration: Eye   #DAHS-NGNMAEYE-ECS | | |
| Successfully administers eye instilled medication as verified by a skill verified healthcare provider: | | |
|    1.  Medication name: | | |
|    2.  Medication name: | | |
|    3.  Medication name: | | |
| **Inhaled and Nasally Instilled Medication Administration Verification, Including Oxygen DAHS-NSCAMBINIMEDADMIN** | | |
| References:<br>1.  UC Davis Health Policy 4055: Medication Administration<br>2.  UC Davis Health Policy 6018: Oxygen Administration<br>3.  UC Davis Health Policy 17021: Hand Held Nebulizer Treatment<br>4.  UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant) | | |
| Reviews Policies 4055, 6018, 17021, and 17020 | | |
| Completes online module: Medication Administration: Metered-Dose Inhalers #DAHS-NGNMAMDI-ECS | | |
| Completes online module: Medication Administration: Nebulized #DAHS-NGNMANEB-ECS | | |
| Completes online module: Medication Administration: Nasal Instillations #DAHS-NGNMANI-ECS | | |
| Completes online module: Oxygen Therapy: Nasal Cannula or Oxygen Mask #DAHS-NGNNCOMA-ECS | | |

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| Inhaled and Nasally Instilled Medication Administration Verification, Including Oxygen DAHS-NSCAMBINIMEDADMIN, continued | Date | Verifier Initials |
|---|---|---|
| Successfully administers inhaled or nasally instilled medication as verified by a skill verified healthcare provider | | |
|    1.  Medication Name and Route: | | |
|    2.  Medication Name and Route: | | |
|    3.  Medication Name and Route: | | |
| **Intradermal Medication Administration Verification DAHS-NSCAMBIMEDADMINV** | | |
| **References:**<br>1.  UC Davis Health Policy 4055: Medication Administration<br>2.  UC Davis Health Policy 4009: Tuberculosis Skin Test | | |
| Reviews Policies 4055 and 4009 | | |
| Completes online module: Medication Administration: Intradermal Injections #DAHS-NGNMAINTRADI-ECS | | |
| Completes online module: Medication Administration: Injection Preparation from Ampules and Vials #DAHS-NGNMAIPFAV-ECS | | |
| Successfully administers intradermal medication as verified by a skill verified healthcare provider | | |
|    1.  Medication name and site: | | |
|    2.  Medication name and site: | | |
|    3.  Medication name and site: | | |

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| | Date | Verifier Initials |
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| **Intramuscular Medication Administration Verification    DAHS-NSCAMBINTRAMEDADMIN** | | |
| **References:**<br>1. UC Davis Health Policy 4055: Medication Administration<br>2. UC Davis Health Policy 4007: Intramuscular Injection | | |
| Reviews Policies 4055 and 4007 | | |
| Completes online module: Medication Administration: Intramuscular Injections #DAHS-NGNMAINTRAMI-ECS | | |
| Completes online module: Medication Administration: Injection Preparation from Ampules and Vials    #DAHS-NGNMAIPFAV-ECS | | |
| Completes online module: Medication Administration: Mixing Parenteral Medications in One Syringe    #DAHS-NGNMAMPMOS-ECS | | |
| Successfully administers intramuscular medication as verified by a skill verified healthcare provider: | | |
|    1.  Medication name and site: | | |
|    2.  Medication name and site: | | |
|    3,  Medication name and site: | | |
| **Oral and Sublingual Medication Administration Verification DAHS-NSCAMBOSMEDADMINV** | | |
| **References:**<br>1. UC Davis Health Policy 4055: Medication Administration | | |
| Reviews Policy 4055 | | |
| Completes online module: Medication Administration: Oral  #DAHS-NGNMAO-ECS | | |

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| Oral and Sublingual Medication Administration Verification DAHS-NSCAMBOSMEDADMINV, continued | Date | Verifier Initials |
|---|---|---|
| Successfully administers oral or sublingual medication as verified by a skill verified healthcare provider: | | |
| 1. Medication Name and Route: | | |
| 2. Medication Name and Route: | | |
| 3. Medication Name and Route: | | |

**Rectal and Vaginal Medication Administration Verification DAHS-NSCAMBRVMEDADMINV**

| | | |
|---|---|---|
| **References:**<br>1. UC Davis Health Policy 4055: Medication Administration | | |
| Reviews Policy 4055 | | |
| Completes online module: Medication Administration: Medication Administration: Rectal  #DAHS-NGNMARS-ECS | | |
| Completes online module: Medication Administration: Medication Administration: Vaginal Instillations   #DAHS-NGNMAVI-ECS | | |
| Successfully administers rectal or vaginal medication as verified by a skill verified healthcare provider: | | |
| 1. Medication Name and Route: | | |
| 2. Medication Name and Route: | | |
| 3. Medication Name and Route: | | |

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| | Date | Verifier Initials |
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| **Subcutaneous Medication Administration Verification DAHS-NSCAMBSUBMEDADMINV** | | |
| **References:** <br> 1. UC Davis Health Policy 4055: Medication Administration <br> 2. UC Davis Health Policy 4010: Subcutaneous Injection | | |
| Reviews Policies 4055 and 4010 | | |
| Completes online module: Medication Administration: Subcutaneous Injections   #DAHS-NGNMASI-ECS | | |
| Completes online module: Medication Administration: Injection Preparation from Ampules and Vials    #DAHS-NGNMAIPFAV-ECS | | |
| Completes online module Medication Administration: Mixing Parenteral Medications in One Syringe    #DAHS-NGNMAMPMOS-ECS | | |
| Successfully administers subcutaneous medication as verified by a skill verified healthcare provider: | | |
|    1.  Medication name and site: | | |
|    2.  Medication name and site: | | |
|    3.  Medication name and site: | | |
| **Topical Medication Administration Verification   DAHS-NSCAMBTOPMEDADMINV** | | |
| **References:** <br> Clinical Policy 4055: Medication Administration | | |
| Reviews Policy 4055 | | |
| Completes online module: Medication Administration: Topical # DAHS-NGNMATOP-ECS | | |
| Successfully administers topical medication as verified by a skill verified healthcare provider: | | |
|    1.  Medication and site: | | |
|    2.  Medication and site: | | |
|    3.  Medication and site: | | |