

# Skills Check-Off

## Medication Preparation- Reconstitution

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Time Started:** \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Confirms- Proper medication, dosage, expiration date	1	
Confirms appropriate type and amount of fluid to reconstitute medication	1	
Draws up fluid in appropriate syringe with correct needle	1	
Injects the fluid into the vial with medication	1	
Mixes medication appropriately	1	
Draws up correct amount and dosage of medication	1	
Changes needle to appropriate size for administration	1	
Expels air from syringe	1	
Places cap on needle in safe manner	1	
<b>Time End:</b> _____	<b>Total</b>	<b>10</b>

### CRITICAL CRITERIA

- \_\_\_\_\_ Does not immediately don or verbalize BSI
- \_\_\_\_\_ Wrong medication, dose, or concentration
- \_\_\_\_\_ Places cap on needle in a dangerous or unsafe manner
- \_\_\_\_\_ Uses incorrect fluid to reconstitute medication
- \_\_\_\_\_ Contaminates needle and does not take appropriate action