

# Skills Check-Off

## Medication Preparation- Vial

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

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

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

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precaution	1	
Confirms- Proper medication, dosage, expiration date	1	
Selects proper needle and syringe	1	
Removes protective cap from vial	1	
Cleans needle insertion site on vial with alcohol	1	
Draws proper amount of air into syringe	1	
Inverts vial and injects air into vial	1	
Draws proper amount of medication into syringe	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
- \_\_\_\_\_ Contaminates needle and does not take appropriate action