



**UNIVERSITY COLLEGE DUBLIN**  
*An Coláiste Ollscoile Baile Átha Cliath*  
**UCD SCHOOL OF NURSING, MIDWIFERY & HEALTH SYSTEMS**  
**Scoil na hAltrachta, an Cnáimhseachais agus na gCoras Slainte**  
in partnership with  
**Mater Misericordiae University Hospital &  
St Vincent's Healthcare Group**



**Medication Workbook: Stage 4 and 4.5**  
**General Supernumerary and Internship Placements**  
**BSc (Nursing) Integrated Children's & General Programme**

Student Name:

Student Number:

Tel:

Email:

**General Placements Signature Bank**

Each registered nurse who acts as a preceptor/co-preceptor for this student must sign this bank

Preceptor/Co-Preceptor Name (Print)	Preceptor/Co-Preceptor Signature	Preceptor/Co-Preceptor Initials	Clinical Area

### General Placements Signature Bank (continued)

Preceptor/Co-Preceptor Name (Print)	Preceptor/Co-Preceptor Signature	Preceptor/Co-Preceptor Initials	Clinical Area

***Completed in the following General Placements:***

Practice Placements	Placement Area	Duration of Placement
4A supernumerary		
4B supernumerary		
4C supernumerary		
4C Internship		
4D Internship		

## Introduction to General section of workbook

This workbook has been developed as a tool to assist you in gaining knowledge of commonly used medications for patients. The relevant worksheet must be completed during each practice placement in stage 4 & 4.5. Lectures on medication management delivered in the partner HEIs and the use of this workbook will assist you to link theory to practice and to become a competent nurse in relation to medication management.

Medication management is an important aspect of your clinical assessment. An example of the Domains and Performance Indicators specific to practice placements for the BSc. Children's & General Nursing are detailed in the tables below

**Table 1: Examples Domains and Performance Indicators that pertain to Medication Administration on Adult Supernumerary placements**

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6
1.1.(a,b,d,e)	2.1. (a,c,d)	3.1.(c,d,h)	4.1.(a,d,e)	5.1. (a,b,c)	6.1. (a,b,c)
1.2 (a,b)	2.2 a	3.2 (a)	4.2 (b,c,e)	5.2 (a,b,c,d,e)	6.2. (a,b)
1.3 (a,b,c,d)	2.3.(b,c,d,f*)				
	2.4. (a,b,c)				
	2.5 (a,b,c)				

**Table 2: Examples Domains and Performance Indicators that pertain to Medication Administration on Children's Internship placements**

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6
1.1.(a,b,d,e)	2.1. (a,c,d)	3.1.(c,d,h)	4.1.(a,d,e)	5.1. (a,b,c)	6.1. (a,b,c)
1.2 (a,b)	2.2 a	3.2 (a)	4.2 (b,c,e)	5.2 (a,b,c)	6.2. (a,b)
1.3 (a,b,c,d)	2.3.(b,c,d,f*)				
	2.4. (a,b,c)				
	2.5 (a,b,c)				

\*2.3 F: Assists the Registered Nurse in safe administration, ordering, checking & management of medicines while following legislation & professional guidance.

3.1 D: Safely and accurately carries out medication calculations for medication management by diverse routes of delivery

**Year 4/4.5:** At this level, the undergraduate nursing student will be expected to competently apply a systematic approach to the provision of person-centred practice to an allocation of persons under the ***distant supervision*** of a Registered Nurse. *Distant supervision is defined as the undergraduate nursing student providing safe and effective delegated nursing care to persons and supports family members. The undergraduate nursing student accepts responsibility for the provision of delegated care and recognises when the guidance and support of the preceptor and Registered Nurse is required and seeks such assistance in a timely manner.* However, it is important to note that in order for a staff nurse to co-sign the administration of medications, the nurse must directly observe you carrying out the administration.

## **Learning Outcomes**

### **During your placements you should be able to:**

- Summarise NMBI regulations in relation to medication management (NMBI 2020)
- Identify and explain the 10 'Rights' as per NMBI Guidance for Registered Nurses and Midwives on Medication Administration (NMBI 2020)
- Demonstrate an understanding of the local hospital medication policy and other policies, guidelines and procedures for medication management (including controlled drugs)
- Demonstrate competent hand decontamination techniques
- Identify and demonstrate a knowledge of the emergency trolley medications
- Discuss how medications are prescribed (e.g.: on prescription sheet; discharge prescription pad etc)
- Discuss the steps involved in the safe administration of medication
- Distinguish the types of storage for medications in the clinical area
- Observe and participate in the calculation, preparation, third-checker (supernumerary placements) and second-checker (internship placements) and administration of medications, including correct identification of the patient and rationale for this
- Consider the administration of medications and your time management- what is the impact of one on the other?
- Take the appropriate action if you encounter a medication prescription chart that is incorrect or unclear
- Act appropriately and professionally in the instance of a medication error and complete incident forms as required

## **Instructions for use of Medication Workbook on Practice Placement**

### **Part 1**

In addition to meeting the learning outcomes, you will complete the workbook in relation to medication management during each placement. You will be expected to identify a minimum of five different medications common to each of your placements. Include examples of different routes of administration e.g. IV, PO, PR

### **Part 2 (Self-Assessed)**

You will be expected to answer the questions in relation to each of the listed medications for your placements.

### **Part 3 Student Medication Worksheet**

- The 'Core elements of the Medication (Drug) Round' – Student and preceptor's guide (below) provides you and the RCN/RGN with a step-by-step approach to completing medication administration.
- You will be required to participate in the administration of medication to a minimum of 10 patients per placement (if appropriate as determined by clinical staff). For each of these you will be required to complete a Student Medication Worksheet. You and the RCN/RGN will sign and date the worksheet.
- The worksheet provides 12 steps that will be assessed by your RCN/RGN before, during and after medication administration.
- It is important you self-assess your performance and receive written/verbal feedback from your supervising RCN/RGN.
- Over the course of the placements, your level of confidence and competence will increase.

**The following explains the requirements for each section of the workbook that are to be completed on each placement:**

**1a/b. Medication Name:** this refers to the approved (generic) name of the medication, which is the name that must be used when the medication is prescribed. It is common to hear or see medications referred to by their brand name e.g. Calpol, Paralink or Panadol for paracetamol. It is important to be aware of the brand/trade name and generic name of medications.

**2a. Medication Group:** What group does the medication belong to? Is it an analgesic, diuretic, anti-pyretic?

**2b. Indications:** Why is this medication used and for which condition and/or symptoms?

**3a/b. Dose and Route:** Doses may vary depending on weight, age, route used or the indications for use.

**3c. Frequency:** How often should this medication be given? Where possible include the maximum dose in a 24 hour period or highlight the differences in frequency depending on route used.

**4. Peak Action/Duration of action:** For example if analgesia has been given, how long will it take to work and how long will it last in the patients/clients system? If the peak action/duration of action is not readily available please insert N/A in the box.

**5a/b/c. Contraindications/Cautions/Nursing considerations:** Extremely important to identify to ensure patient safety.

**6. Side-effects/adverse reactions:** When you know the side-effects you can identify the reason quickly and prevent or manage the side-effect in an effective manner.

**7. Observe and participate in medication round:** Observe and participate in correct practice for checking doses, preparing medications, third or second-checking of calculations and patient/client identification, administration of medication and documentation. During your placements, you are expected to increase your involvement in medication administration whilst working within your scope of practice.

The information you require can be obtained from a number of sources including: CHI Formulary, the British National Formulary, the hospital/community pharmacist, doctors, nursing/midwifery colleagues, articles, local medication policies/guidelines and NMBI guidelines. It is of the utmost importance that there is evidence of the student's ongoing understanding with regard to the core elements of medication management as outlined in his/her programme.

## **Core Elements of Medication Round: Student and Preceptor's Guide**

### **Communication and Preparation**

1. Communicate effectively with the patient/parent/guardian.
2. Decontaminate hands in accordance with local policy/ guidelines
3. Ensure that all necessary equipment is available and clean.
4. Use correct technique in dispensing medication.
5. Demonstrate the ability to assess and interpret patient information and identify appropriate action (e.g. temperature, heart rate, respiratory rate, blood pressure, bowels, pain, blood results)
6. Check patients identity: verbally, identification band and prescription chart.
7. Before administering the medication, consult the patient's prescription chart and check the following:
  - a) Any known allergies
  - b) Medication
  - c) Dose

- d) Date and duration of prescription
- e) Signature of doctor
- f) Route and method of administration
- g) Frequency of administration/last administered
- h) Expiry date
- i) Consultation with CHI Formulary, BNF and Medication Policy as required

8. Administer the medication according to the 10 **Rights** (see page 7)

<b>Right</b> patient	<b>Right</b> reason	<b>Right</b> drug	<b>Right</b> route	<b>Right</b> time
<b>Right</b> dose	<b>Right</b> form	<b>Right</b> action	<b>Right</b> documentation	<b>Right</b> response

- 9. Ensure that the medicine trolley is not left unattended/unlocked at any stage during or after the medication round.
- 10. Ensure that the patient has taken medication prior to leaving the patient (offer the patient a drink, if appropriate).
- 11. Make a clear, accurate and immediate record of medication administered or withheld and rationale for withholding medication.



UCD School of  
Nursing, Midwifery  
and Health Systems

# The Ten Rights of Medication Management



Source: <https://www.nmbi.ie/Standards-Guidance/Medicines-Management> (March 2018)



### **Medication Knowledge for the Student**

- 1 Awareness of the appropriate dose and frequency of medication(s)
- 2 Can discuss the nursing considerations regarding medications relevant to the clinical area (e.g. side effects, contraindications).
- 3 Can explain the rationale for their patients' prescribed medications.
- 4 Can identify what they would do if:
  - the patient refused medication
  - the medication was unavailable
  - a medication error occurs

**Always refer to the local Medication Policy for Medication Management**

## **Medication competency assessment for BSc. Children's & General Nursing students**

**Aim:** The undergraduate student will be a competent third checker appropriate to their level of training for medication administration as per the reference guide below.

**The Process:** The undergraduate student must complete 10 medication (drug) rounds during each placement in stage 4 & 4.5. The students' Medication Worksheet is used to assess the student's practice and knowledge following the medication round, feedback can be documented on the feedback sheet by both student and assessor. A medication (drug) round will be **based on one patient per round** i.e. one patient receiving medication at a certain time regardless of the amount of medication.

**Role of the Assessor** (preceptor/staff nurse): to ensure the student is assessed on separate occasions to be deemed competent to be a third checker appropriate to their level of training.

**Role of the undergraduate student:** to enhance their professional development to enable them to be assessed as a third checker and include this in their scope of practice.

## General Practice Placements 4A/4B or 4C (Supernumerary): Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 3rd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 3rd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

Adapted from Sub Committee CASC Medication Working Group UCD, OLCHC, St Vincent's Healthcare Group, MMUH, SJOG, Chluain Mhuire Services, NMH. May 2020. Revised May 2021

## General Practice Placements 4A, 4B or 4C (Supernumerary): Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 3rd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 3rd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

Adapted from Sub Committee CASC Medication Working Group UCD, OLCHC, St Vincent's Healthcare Group, MMUH, SJOG, Chluain Mhuire Services, NMH. May 2020. Revised May 2021

## General Internship Practice Placement 4C: Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

## General Internship Practice Placement 4C: Student Medication Round

<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. CHI Formulary, BNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 Rights: <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Is knowledgeable about reporting drug errors and medication information services in pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Educates child/ parents/ guardians in relation to administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. CHI Formulary, BNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 Rights: <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Is knowledgeable about reporting drug errors and medication information services in pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Educates child/ parents/ guardians in relation to administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## General Internship Practice Placement 4C: Student Feedback Sheet Medication Round

Drug Administration	Date	Student's Comments	Student's Signature	Feedback From RCN/RGN	RCN/RGN Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

## General Internship Practice Placement 4D: Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

## General Internship Practice Placement 4D: Student Medication Round

<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. CHI Formulary, BNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 Rights: <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Is knowledgeable about reporting drug errors and medication information services in pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Educates child/ parents/ guardians in relation to administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. CHI Formulary, BNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 Rights: <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Is knowledgeable about reporting drug errors and medication information services in pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Educates child/ parents/ guardians in relation to administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## General Internship Practice Placement 4D: Student Feedback Sheet Medication Round

Drug Administration	Date	Student's Comments	Student's Signature	Feedback From RCN/RGN	RCN/RGN Signature
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Adapted from Sub Committee CASC Medication Working Group UCD, OLCHC, St Vincent's Healthcare Group, MMUH, SJOG, Chluain Mhuire Services, NMH. May 2020. Revised October 2021.



**University College Dublin**  
An Coláiste Ollscoile Baile Átha Cliath  
**School of Nursing, Midwifery & Health  
Systems**

Scoil na hAltrachta, an Cnáimhseachais  
agus na gCoras Slainte  
in partnership with

**Children's Health Ireland**



**Medication Workbook: Stage 4 and 4.5**  
**Children's Supernumerary and Internship Placements**  
**BSc (Nursing) Integrated Children's & General Programme**

Student Name:

Student Number:



## Children's Placements Signature Bank

Each registered nurse who acts as a preceptor/co-preceptor for this student must sign this bank

Preceptor/Co-Preceptor Name (Print)	Preceptor/Co-Preceptor Signature	Preceptor/Co-Preceptor Initials	Clinical Area

### Children's Placements Signature Bank (continued)

Preceptor/Co-Preceptor Name (Print)	Preceptor/Co-Preceptor Signature	Preceptor/Co-Preceptor Initials	Clinical Area

***Completed in the following Children's Placements:***

Practice Placements	Placement Area	Duration of Placement
4A Supernumerary		
4B Supernumerary		
4C Supernumerary		
4A Internship		
4B Internship		

## Introduction to Children's section of workbook

This workbook has been developed as a tool to assist you in gaining knowledge of commonly used medications for patients. The relevant worksheet must be completed during each practice placement in stage 4 & 4.5. Lectures on medication management delivered in the partner HEIs and the use of this workbook will assist you to link theory to practice and to become a competent nurse in relation to medication management.

Medication management is an important aspect of your clinical assessment. An example of the Domains and Performance Indicators specific to practice placements for the BSc. Children's & General Nursing are detailed in the tables below

**Table 1: Examples Domains and Performance Indicators that pertain to Medication Administration on Children's Supernumerary placements**

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6
1.1.(a,b,d,e)	2.1. (a,c,d)	3.1.(c,d,h)	4.1.(a,d,e)	5.1. (a,b,c)	6.1. (a,b,c)
1.2 (a,b)	2.2 a	3.2 (a)	4.2 (b,c,e)	5.2 (a,b,c,d,e)	6.2. (a,b)
1.3 (a,b,c,d)	2.3.(b,c,d,f)				
	2.4. (a,b,c)				
	2.5 (a,b,c)				

**Table 2: Examples Domains and Performance Indicators that pertain to Medication Administration on Children's Internship placements**

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6
1.1.(a,b,d,e)	2.1. (a,c,d)	3.1.(c,d,h)	4.1.(a,d,e)	5.1. (a,b,c)	6.1. (a,b,c)
1.2 (a,b)	2.2 a	3.2 (a)	4.2 (b,c,e)	5.2 (a,b,c)	6.2. (a,b)
1.3 (a,b,c,d)	2.3.(b,c,d,f)				
	2.4. (a,b,c)				
	2.5 (a,b,c)				

## Learning Outcomes

**During your placements you should be able to:**

- Summarise NMBI regulations in relation to medication management (NMBI 2020)
- Identify and explain the 10 'Rights' as per NMBI Guidance for Registered Nurses and Midwives on Medication Administration (NMBI 2020)
- Demonstrate an understanding of the local CHI Medication Policy and other policies, guidelines and procedures for medication management (including controlled drugs)
- Demonstrate competent hand decontamination techniques

- Identify and demonstrate a knowledge of the emergency trolley medications
- Discuss how medications are prescribed (e.g.: on prescription sheet; discharge prescription pad etc)
- Discuss the steps involved in the safe administration of medication
- Distinguish the types of storage for medications in the clinical area
- Observe and participate in the calculation, preparation, third-checker (supernumerary placements) and second-checker (internship placements) and administration of medications, including correct identification of the patient and rationale for this
- Consider the administration of medications and your time management- what is the impact of one on the other?
- Take the appropriate action if you encounter a medication prescription chart that is incorrect or unclear
- Act appropriately and professionally in the instance of a medication error and complete incident forms as required

# Instructions for use of Medication Workbook on Practice Placement

## Part 1

In addition to meeting the learning outcomes, you will complete the workbook in relation to medication management during each placement. You will be expected to identify a minimum of five different medications common to each of your placements. Include examples of different routes of administration e.g. IV, PO, PR

## Part 2 (Self-Assessed)

You will be expected to answer the questions in relation to each of the listed medications for your placements.

## Part 3 Student Medication Worksheet

- The 'Core elements of the Medication (Drug) Round' – Student and preceptor's guide (below) provides you and the RCN/RGN with a step-by-step approach to completing medication administration.
- You will be required to participate in the administration of medication to a minimum of 10 patients per placement (if appropriate as determined by clinical staff). For each of these you will be required to complete a Student Medication Worksheet. You and the RCN/RGN will sign and date the worksheet.
- The worksheet provides 12 steps that will be assessed by your RCN/RGN before, during and after medication administration.
- It is important you self-assess your performance and receive written/verbal feedback from your supervising RCN/RGN.
- Over the course of the placements, your level of confidence and competence will increase.

**The following explains the requirements for each section of the workbook that are to be completed on each placement:**

**1a/b. Medication Name:** this refers to the approved (generic) name of the medication, which is the name that must be used when the medication is prescribed. It is common to hear or see medications referred to by their brand name e.g. Calpol, Paralink or Panadol for paracetamol. It is important to be aware of the brand/trade name and generic name of medications.

**2a. Medication Group:** What group does the medication belong to? Is it an analgesic, diuretic, anti-pyretic?

**2b. Indications:** Why is this medication used and for which condition and/or symptoms?

**3a/b. Dose and Route:** Doses may vary depending on weight, age, route used or the indications for use.

**3c. Frequency:** How often should this medication be given? Where possible include the maximum dose in a 24 hour period or highlight the differences in frequency depending on route used.

**4. Peak Action/Duration of action:** For example if analgesia has been given, how long will it take to work and how long will it last in the patients/clients system? If the peak action/duration of action is not readily available please insert N/A in the box.

**5a/b/c. Contraindications/Cautions/Nursing considerations:** Extremely important to identify to ensure patient safety.

**6. Side-effects/adverse reactions:** When you know the side-effects you can identify the reason quickly and prevent or manage the side-effect in an effective manner.

**7. Observe and participate in medication round:** Observe and participate in correct practice for checking doses, preparing medications, third or second-checking of calculations and patient/client identification, administration of medication and documentation. During your placements, you are expected to increase your involvement in medication administration whilst working within your scope of practice.

The information you require can be obtained from a number of sources including: CHI Formulary, the British National Formulary, the hospital/community pharmacist, doctors, nursing/midwifery colleagues, articles, local medication policies/guidelines and NMBI guidelines. It is of the utmost importance that there is evidence of the student's ongoing understanding with regard to the core elements of medication management as outlined in his/her programme.

## Core Elements of Medication Round: Student and Preceptor's Guide

### Communication and Preparation

1. Communicate effectively with the patient/parent/guardian.
2. Decontaminate hands in accordance with local policy/ guidelines
3. Ensure that all necessary equipment is available and clean.
4. Use correct technique in dispensing medication.
5. Demonstrate the ability to assess and interpret patient information and identify appropriate action (e.g. temperature, heart rate, respiratory rate, blood pressure, bowels, pain, blood results)
6. Check patients identity: verbally, identification band and prescription chart.
7. Before administering the medication, consult the patient's prescription chart and check the following:
  - Any known allergies
  - Medication
  - Dose
  - Date and duration of prescription
  - Signature of doctor
  - Route and method of administration
  - Frequency of administration/last administered
  - Expiry date
  - Consultation with CHI Formulary, BNF and Medication Policy as required

Administer the medication according to the 10 **Rights** (see page 31)

**Right** patient  
**Right** dose

**Right** reason  
**Right** form

**Right** drug  
**Right** action

**Right** route  
**Right** documentation

**Right** time  
**Right** response

8. Ensure that the medicine trolley is not left unattended/unlocked at any stage during or after the medication round.
9. Ensure that the patient has taken medication prior to leaving the patient (offer the patient a drink, if appropriate).
10. Make a clear, accurate and immediate record of medication administered or withheld and rationale for withholding medication.



# The Ten Rights of Medication Management



Source: <https://www.nmbi.ie/Standards-Guidance/Medicines-Management> (March 2018)

**Medication Knowledge for the Student**

1. Awareness of the appropriate dose and frequency of medication(s)
2. Can discuss the nursing considerations regarding medications relevant to the clinical area (e.g. side effects, contraindications).
3. Can explain the rationale for their patients' prescribed medications.
4. Can identify what they would do if:
  - the patient refused medication
  - the medication was unavailable
  - a medication error occurs

**Always refer to the local Medication Policy for Medication Management**



## Medication competency assessment for BSc. Children's & General Nursing students

**Aim:** The undergraduate student will be a competent third checker appropriate to their level of training for medication administration as per the reference guide below.

**The Process:** The undergraduate student must complete 10 medication (drug) rounds during each placement in stage 4 & 4.5. The students' Medication Worksheet is used to assess the student's practice and knowledge following the medication round, feedback can be documented on the feedback sheet by both student and assessor. A medication (drug) round will be **based on one patient per round** i.e. one patient receiving medication at a certain time regardless of the amount of medication.

**Role of the Assessor** (preceptor/staff nurse): to ensure the student is assessed on separate occasions to be deemed competent to be a third checker appropriate to their level of training.

**Role of the undergraduate student:** to enhance their professional development to enable them to be assessed as a third checker and include this in their scope of practice.

### Part 4 (self-assessed)

Answer the following questions in relation to the listed medications (Please refer to Part 5 for the answers to these questions)

#### Metric Conversions:

Kilogram (kg) to gram (g) x 1000	Gram (g) to kilogram (kg) ÷ 1000
Gram (g) to milligram (mg) x 1000	Milligram (mg) to gram (g) ÷ 1000
Milligram (mg) to micrograms x 1000	Microgram to milligrams (mg) ÷ 1000
Microgram to nanogram x 1000	Nanogram to microgram ÷ 1000
Litre (L) to millilitre (mL) x 1000	Millilitre (ml) to litre (L) ÷ 1000

A)

Please calculate the following doses:			Show how you achieved your answer:
1.	0.6g =	mg	
2.	300 micrograms =	mg	
3.	0.85mg =	micrograms	
4.	0.125mg =	micrograms	
5.	175 micrograms =	mg	
6.	356mg =	g	

B)

1. What is your reference source for dosing and administration?	
2. Explain reconstitution:	
3. Explain displacement value:	
4. Explain independent double check:	
5. Can an undergraduate student hold the medication keys?	
6. Can an undergraduate student hold the MDA keys?	
7. Can two undergraduate students check medication together?	
8. What is hospital procedure in relation to the checking of controlled medications at the beginning and end of each shift?	
9. Regarding #8 (above), can an undergraduate student carry out this check?	

C)

A child requires a 500mL IV infusion of 0.9% sodium chloride to be infused over 10 hours.	
1. Calculate the rate (mL/hr) to set the infusion pump at:	
2. Is this available to be programmed on the smart-pump drug library?	

D)

Sally has been prescribed 30 mg Furosemide PO. 20mg/5mL oral solution is available.  
What volume will you administer?

E)

20 mg of Phenergan PO is prescribed; available solution contains 25mg/mL.  
What volume will you administer?

F)

12mmols of potassium needs to be added to an infusion. The potassium ampoules contain 20mmol/10mL.  
What volume should you withdraw from the vial?

G)

A 2 day old girl of 36 weeks gestation is admitted and prescribed IV vancomycin via peripheral IV cannula. She is 2.2kgs.

1. What dose should she receive?
2. How often should the dose be administered?
3. Over how long should the dose be administered?
4. What volume is required for reconstitution?
5. What volume of Vancomycin should be withdrawn from the vial?
6. What is the final concentration of this infusion?
7. What is the final volume of this infusion?
8. Describe how therapeutic levels should be taken based on this patient's dosing frequency:

H)

Thomas, 13 years old, is receiving a continuous infusion of IV Morphine following an appendectomy. He is 45kgs.

1. What dose range is safe for Thomas to receive?
2. Would Patient-Controlled Analgesia be appropriate for Thomas?
3. What specific nursing care must be carried out when looking after a patient receiving a continuous intravenous opioid infusion?

I)

Eva is 20kg and 4 years old. She is prescribed Co-Amoxiclav IV.	
1. What dose should she receive?	_____
2. How often should the dose be administered?	_____
3. What volume is required for reconstitution?	_____
4. What volume of Co-Amoxiclav should be withdrawn from the vial?	_____
5. Can Eva receive this medication if she has a Penicillin allergy?	_____

J)

Calculate appropriate fluid intake for the following patients:		
Weight	% Fluid Maintenance required	Total Fluid Intake
1. 58kg	100%	
2. 18kg	80%	
3. 5kg	120%	

K)

Sam, a 2.5kg preterm neonate, has been prescribed 37.5mg of Paracetamol IV.	
1. Is this dose correct?	_____
2. What action should be taken prior to administering this dose?	_____
3. How often can Sam receive Paracetamol?	_____
4. Which pump would you administer this dose via?	_____

## Children's Practice Placement 4A,4B or 4C (Supernumerary): Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 3rd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 3rd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

Adapted from Sub Committee CASC Medication Working Group UCD, OLCCH, St Vincent's Healthcare Group, MMUH, SJOG, Chluain Mhuire Services, NMH. May 2020. Revised October 2021.

## Children's Internship Practice Placement 4A: Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

Adapted from Sub Committee CASC Medication Working Group UCD, OLCCH, St Vincent's Healthcare Group, MMUH, SJOG, Chluain Mhuire Services, NMH. May 2020. Revised October 2021.



## Children's Internship Practice Placement 4A: Student Medication Round

<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. CHI Formulary, BNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 Rights: <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>12.</b>	Educates child/ parents/ guardians in relation to administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 <b>Rights</b> : <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	Is knowledgeable about reporting drug errors and medication information services in pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	Educates child/ parents/ guardians in relation to administering medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Children's Internship Practice Placement 4A: Student Feedback Sheet Medication Round

Drug Administration	Date	Student's Comments	Student's Signature	Feedback From RCN/RGN	RCN/RGN Signature
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					

## Children's Internship Practice Placement 4B: Student Medication Worksheet

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

1a. Generic name 1b. Trade name	2a. Group 2b. Indication	3a. Dose 3b. Route 3c. Frequency	4. Peak action /duration of action (if available)	5a. Contraindications 5b. Cautions 5c. Nursing considerations	6. Side effects/ adverse reactions	Participates as 2nd checker in:	Signature and Date of Student and Staff
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	
						<input type="checkbox"/> preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation	

## Children's Internship Practice Placement 4B: Student Medication Round

<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.</b>	Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. CHI Formulary, BNF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	Assess infant/child appropriately prior to administration for possible side effects, signs and symptoms of adverse effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	Knowledgeable about exercising professional judgment in withholding medication and who to consult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	Applies the 10 Rights: <b>Right</b> patient, <b>Right</b> reason, <b>Right</b> drug, <b>Right</b> route, <b>Right</b> time, <b>Right</b> dose, <b>Right</b> form, <b>Right</b> action, <b>Right</b> documentation, <b>Right</b> response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	Uses oral/enteral syringes appropriately and administers oral/enteral (e.g. via NG tube, mic-key button, PEG, GJ tube) medication according to hospital guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	Accurately documents administration of the medication and infant/child response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Student Name</b>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>		<u>Date</u> <u>Assessor</u>	
<b>NOTE: One drug round relates to administering medication(s) to one patient.</b>											
<b>Ward Area</b>		<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
<b>1.</b>	Prepares preparation area and decontaminates hands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2.</b>	Checks medication order is correct; correct dose for infant/child's age and weight; allergy section is completed and signed by doctor. Check expiration of medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3.</b>	Check vital signs and laboratory values, where appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>10.</b>	Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions and medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Children's Internship Practice Placement 4B: Student Feedback Sheet Medication Round

Drug Administration	Date	Student's Comments	Student's Signature	Feedback From RCN/RGN	RCN/RGN Signature
31.					
32.					
33.					
34.					
35.					
36.					
37.					
38.					
39.					
40.					



## Part 5

### (Answers to Part 2)

- A)
- |                   |                     |
|-------------------|---------------------|
| 1. 600 mg         | $0.6 \times 1000$   |
| 2. 0.3 mg         | $0.3 \div 1000$     |
| 3. 850 micrograms | $0.85 \times 1000$  |
| 4. 125 micrograms | $0.125 \times 1000$ |
| 5. 0.175mg        | $175 \div 1000$     |
| 6. 0.356grams     | $356 \div 1000$     |
- B)
1. CHI Formulary (also: CHI Pharmacy Department; BNF)
  2. Mixing a powder form medication with a suitable diluent. This allows it to be administered as a liquid.
  3. The volume occupied by the powder following reconstitution.
  4. An independent process in which a second nurse verifies the medication order and preparation in the presence of the first nurse
  5. No
  6. No
  7. No
  8. Balance checks at every shift change. Report and action discrepancies immediately. Must be recorded and signed by two registered nurses on the record of balance checks book.
  9. No
- C)
1. 50mL/hr
  2. Yes
- D) 7.5mL
- E) 0.8mL

F) 6mL

G)

1. 33mg
2. 12 hourly
3. At least 60 minutes
4. 9.7mL (Flynn & Mylan brands as of 23/04/2021; please check CHI Formulary to confirm as available preparation(s) may change)
5. 0.66mL
6. 5mg/mL
7. 6.6mL
8. Take level immediately before or up to one hour before 3<sup>rd</sup> or 4<sup>th</sup> dose. Repeat every 2 days when level is therapeutic. Record time of sampling and time of previous dose.

H)

1. 10micrograms-40micrograms/kg/hr: For Thomas is 400 micrograms -1800 micrograms
2. Yes (he is over 7 years and moderate to severe pain is anticipated for 24 hours or more. He must have the cognitive ability to understand it, be given instruction of how to use it prior to his surgery and be closely supervised)
3. Hourly observations to include heart rate, respiratory rate, pain score & sedation score (AVPU). 4 hourly blood pressure and temperature. Pulse oximetry as indicated. Record infusion syringe level hourly. Monitor for side effects.

I)

1. 600mg
2. 8 hourly
3. 10mL (Teva brand 600mg vial as of 23/04/2021; please check CHI Formulary to confirm as available preparation(s) may change)
4. 10mL
5. No

J)

1. 2260mL
2. 1120mL
3. 600mL

K)

1. No (7.5mg/kg for <10kg)
2. Get prescription changed to 18.75mg
3. 8 hourly
4. Perfusor® Space/syringe driver/syringe pump

## Additional Resources

### Useful reading:

Blair, K. (2015) *Medicines Management in Children's Nursing*. 2nd edn., London: SAGE Publication Ltd.

British Medical Association (September 2018 - 2019) British national formulary for children (BNFC) London: BMJ Publishing Group Ltd.

Available at: [www.bnfc.org](http://www.bnfc.org) (Accessed 10 November 2019).

CHI, at Crumlin. (2017) *Nursing Policy on Medication Management*. Dublin: OLCHC. Available at: <https://www.olchc.ie/Healthcare-Professionals/Nursing-Practice-Guidelines/Medication-Policy-2017.pdf> (Accessed 30 July 2021)

CHI, at Crumlin (2017) *Medication Administration. Double Checking Process*. Dublin: OLCHC. Available at: <https://www.olchc.ie/Healthcare-Professionals/Nursing-Practice-Guidelines/Medication-Administration-Double-Checking-Process-Algorithm-.pdf> (Accessed 30 July 2021)

Crawford, D. (2012) 'Maintaining good practice in the administration of medicines to children'. *Nursing Children and Young People*, 24 (4) pp 29-35.

CHI, at Crumlin (2018) *Ten rights of safe medication administration*. Available at: <https://www.olchc.ie/Healthcare-Professionals/Nursing-Practice-Guidelines/Medication-Safety-10-Rights-of-Medication-Safety-2018.pdf> (Accessed 30 July 2021)

CHI, at Crumlin (2021) *Hospital Formulary*. Dublin: OLCHC.

Gatford, D.J. and Philips, N. (2016) *Nursing Calculations*. London: Elsevier.

### Useful websites:

*Basic drug calculations*. Available at: <http://nursing.flinders.edu.au/students/studyaids/drugcalculations/> (Accessed 30 July 2021)

Dosagehelp.com. Available at: <http://www.dosagehelp.com/> (Accessed 30 July 2021)

Drug calculations quiz page. Available at: <http://www.testandcalc.com/quiz/index.asp> (Accessed 30 July 2021)

NMBI (2020) *Guidance for Registered Nurses and Midwives on Medication Administration*. Available at: <https://www.nmbi.ie/Standards-Guidance/Medicines-Management> (Accessed 30 July 2021)

Health Information and Quality Authority (2015) *Medicines Management Guidance*. Dublin: Health Information and Quality Authority

Jones and Bartlett Learning (2019) *2019 Nurse's Drug Handbook*. Available at: [http://www.jblearning.com/catalog/97812841448\\_95/](http://www.jblearning.com/catalog/97812841448_95/) (Accessed 10 November 2019).

NMBI (2021) *Scope of Nursing & Midwifery Practice Framework*. Available at: <https://www.nmbi.ie/Standards-Guidance/Scope-of-Practice> (Accessed 30 July 2021).

Nurse Practice Development Unit (NPDU, 2017) *Medication Reference Guide for Nursing students*. Dublin: CHI, at Crumlin.

Starkings, S & Krause, L. (2018) *Passing Calculations Tests in Nursing*. 3rd edn., London: SAGE Publication Ltd.