



**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 the



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Medication Workbook Higher Diploma in Mental Health Nursing**

Student Name:

Student Number:

Email:

**SIGNATURE BANK**

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

[illegible]

Long Placements x 6	Clinical Area	Duration Placement
Practice Placement – Core Mental Health 1		
Practice Placement – Core Mental Health 2		
Practice Placement – Core Mental Health 3		
Practice Placement – Core Mental Health 4		

### Introduction

This workbook has been developed as a tool to assist you in gaining knowledge of commonly used medications in your placements. It must be completed during each core mental health placement of the programme.

Lectures on medication management delivered in UCD 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 Core Mental Health 1 practice placement for the Higher Diploma in Mental Health Nursing are detailed in the table below**

**Table 1: Domains and Performance Indicators that pertain to Medication**

Domain 1	Domain 2	Domain 3	Domain 4	Domain 5	Domain 6
1.1	2.3	3.1.c	4.1g	5.2	6.1a
1.3		3.2	4.1h		6.1c
			4.2c		6.1d
			4.2d		6.2a
			4.2e		6.2c

## **Learning Outcomes**

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

- Summarize NMBI regulations in relation to medication management
- Identify and explain the 10 'Rights' as per NMBI Standards for Medicines Management for Nurses and Midwives (NMBI 2020)
- Demonstrate an understanding of the local policies, guidelines and procedures for medication management (including controlled drugs)
- Demonstrate competent hand decontamination techniques (e.g.: hand washing; use of alcohol gel)
- 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 this area
- Observe and participate in the calculation, preparation and double-checking of medications, the identification of person and the administration of medications and explain 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 drug Kardex/medication prescription that is incorrect or unclear
- Act appropriately and professionally in the instance of a medication error and complete incident forms should the opportunity arise

## **Instructions for use on practice placement**

### **Part 1**

In addition to meeting the learning outcomes you will complete the workbook in relation to medication management during each core mental health placement. You will be expected to identify a minimum of 5 different medications common to each of your placements.

Include examples of PO / PR / transdermal / topical/ inhaled / controlled and IM/SC medications

### **Part 2 Student Medication Worksheet**

- The 'Core elements of the Medication (Drug) Round' – Student and preceptor's guide (below) provides you and the Registered Nurse 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 Registered Nurse will sign and date the worksheet.
- The worksheet provides 10 steps that will be assessed by your Registered Nurse before, during and after medication administration.
- It is important you self-assess your performance and receive written/verbal feedback from your supervising Registered Nurse.
- 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

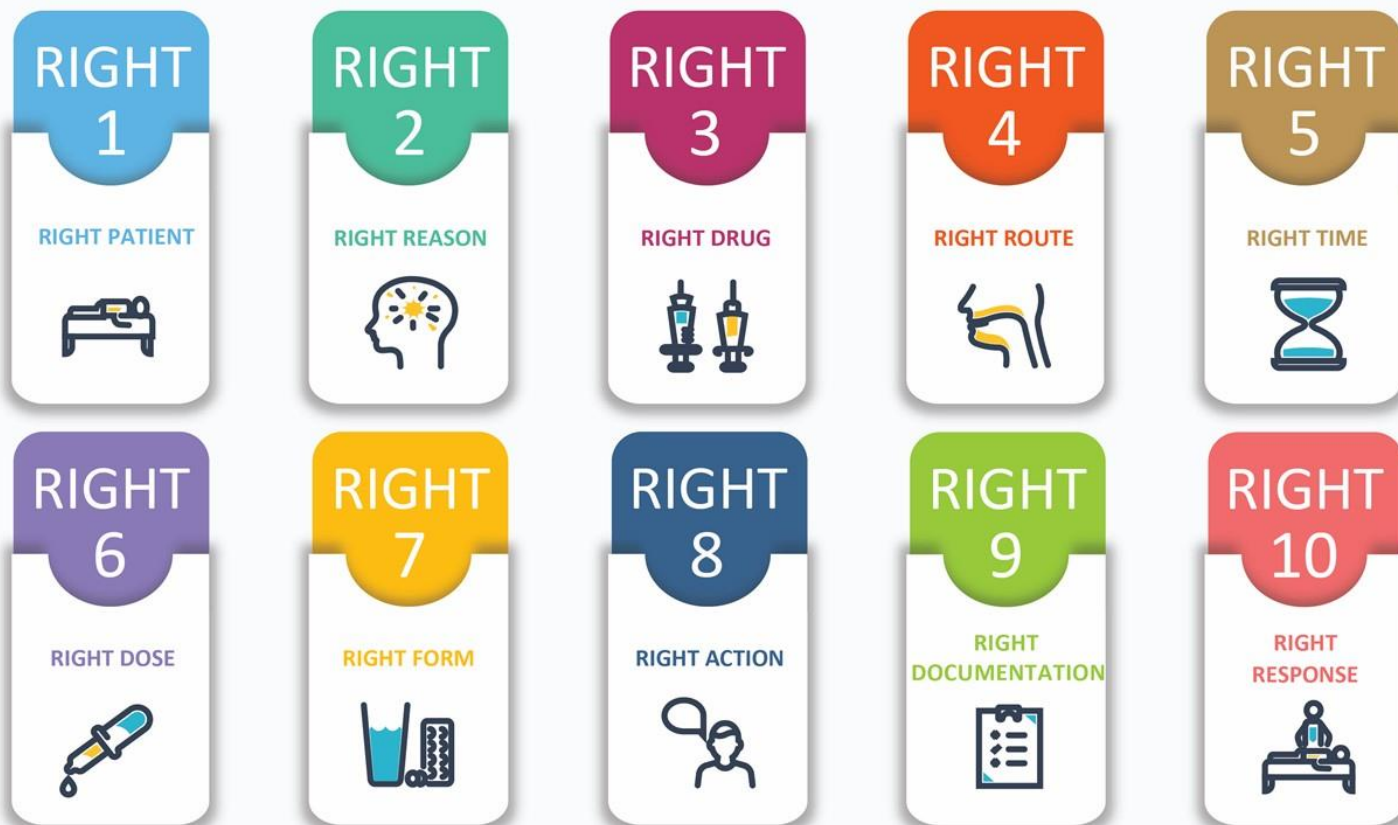
<b>Medication Name</b>	this refers to the approved (generic) name of the medication, which is the name that must be used when the medication is prescribed
<b>Generic/Trade Name</b>	It is common to hear or see medications referred to by their brand name e.g., Panadol for paracetamol. It is important to be aware of the brand and generic name of medications.
<b>Medication Group</b>	What group does the medication belong to? Is it an analgesic, antipsychotic, mood stabiliser, anxiolytic?
<b>Indications</b>	Why is this medication used and for which condition and/or symptoms?
<b>Dose and Route:</b>	Doses may vary depending on weight, age, route used or the indications for use.
<b>Frequency</b>	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.
<b>Peak Action/Duration of action</b>	For example, if analgesia has been administered, 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.
<b>Contraindications/Cautions/Nursing considerations</b>	Extremely important to identify to ensure patient safety.
<b>Side- effects</b>	When you know the side-effects, you can identify the reason quickly and prevent or manage the side-effect in an effective manner.
<b>Observed administration of medication to patient/client</b>	Observe correct practice for checking the 10 rights, preparation and double-checking of medications.
<b>Participate in preparation, calculation, administration and documentation of administration of medication</b>	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: Hospital Formulary, the British National Formulary, the hospital/community pharmacist, doctors, nursing/midwifery colleagues, articles, local policies and guidelines, 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.



UCD School of  
Nursing, Midwifery  
and Health Systems

# The Ten Rights of Medication Management



## CORE ELEMENTS OF MEDICATION (DRUG) ROUND - STUDENT AND PRECEPTOR'S GUIDE

### Communication and Preparation

1. Communicate effectively with the patient.
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 i.e., TPR, BP, bowels, pain assessment, blood results and identify appropriate action.
6. Check patient's identity: verbally, ID bracelet 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
  - Consultation with BNF/MIMS as required
  - Route and method of administration
  - Frequency of administration/last administered
  - Signature of doctor
  - Expiry date
8. Administer the medication according to the 10 **Rights**
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.

### Medication Knowledge for the Student

1. Know the normal dose and frequency of medications common to this clinical area.
2. Can discuss the nursing considerations regarding medications common to this clinical area (e.g., side effects, contraindications).
3. Can discuss the nursing considerations for changing the composition of medications, if required (e.g., crushing, breaking, dissolving, giving capsule v liquid).
4. Can explain why each patient is prescribed their particular medications.
5. Can identify what they would do if:
  - the patient refused medication
  - the medication was unavailable and act appropriately
  - a medication error occurs

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

## **Medication competency assessment for Higher Diploma in Mental Health Nursing students**

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

**The Process:** The post registered student must complete 10 medication (drug) rounds during their core mental health placements. The Students' Medication Worksheet is used to assess the student's practice and knowledge and 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 double checker appropriate to their level of training.

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



### Core Mental Health Placement 1

Medication Generic/Trade Name	Medication Group and Indications	Dose and Route	Frequency	Peak Action/ duration of action (if available)	Contraindications/ cautions / nursing considerations	Side- effects / adverse reactions	Participates as 2 <sup>nd</sup> checker in:	Staff and student: insert date and signature
1.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
2.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
3.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
4.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
5.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	

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

### Student Medication Worksheets – Core Mental Health Placement 1

<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; 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, 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., IMF/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 patient 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> Accurately documents administration of the medication and patient 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>9.</b> Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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 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"/>

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

<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>
1. 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"/>
2. Checks medication order is correct; correct dose for; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e., IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
8. Accurately documents administration of the medication and patient 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"/>
9. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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"/>
10. 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"/>

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**Student Feedback Sheet – Core Mental Health Placement 1**

<b>DRUG ADMINISTRATION</b>	<b>DATE</b>	<b>STUDENT'S COMMENTS</b>	<b>STUDENT'S SIGNATURE</b>	<b>FEEDBACK FROM RPN</b>	<b>RPN SIGNATURE</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

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

## Core Mental Health Placement 2

Medication Generic/Trade Name	Medication Group and Indications	Dose and Route	Frequency	Peak Action/ duration of action (if available)	Contraindications/ cautions / nursing considerations	Side- effects / adverse reactions	Participates as 2nd checker in:	Staff and student: insert date and signature
1.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
2.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
3.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
4.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
5.							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	

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

### Student Medication Worksheets – Core Mental Health Placement 2

Student Name		:		Date Assessor		Date Assessor		Date Assessor		Date Assessor		Date Assessor	
NOTE: One drug round relates to administering medication(s) to one patient.													
Ward Area		:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. 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"/>
2. Checks medication order is correct; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e., IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
8. Accurately documents administration of the medication and patient 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"/>
9. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions				<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"/>
10. 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"/>

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Student Name	:		Date Assessor		Date Assessor		Date Assessor		Date Assessor		Date Assessor	
NOTE: One drug round relates to administering medication(s) to one patient.												
Ward Area	:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. 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"/>
2. Checks medication order is correct; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
8. Accurately documents administration of the medication and patient 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"/>
9. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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"/>
10. 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"/>

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

### Student Feedback Sheet – Core Mental Health Placement 2

DRUG ADMINISTRATION	DATE	STUDENT'S COMMENTS	STUDENT'S SIGNATURE	FEEDBACK FROM RPN	RPN SIGNATURE
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

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



### Core Mental Health Placement 3

Medication Generic/Trade Name	Medication Group and Indications	Dose and Route	Frequency	Peak Action/ duration of action (if available)	Contraindications/ cautions / nursing considerations	Side- effects / adverse reactions	Participates as 2nd checker in:	Staff and student: insert date and signature
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	

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

### Student Medication Worksheets – Core Mental Health Placement 3

Student Name	:		Date Assessor		Date Assessor		Date Assessor		Date Assessor		Date Assessor	
NOTE: One drug round relates to administering medication(s) to one patient.												
Ward Area	:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. 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"/>
2. Checks medication order is correct; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
9. Accurately documents administration of the medication and patient 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"/>
10. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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"/>
11. 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"/>

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

Student Name	:		Date Assessor		Date Assessor		Date Assessor		Date Assessor		Date Assessor	
NOTE: One drug round relates to administering medication(s) to one patient.												
Ward Area	:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. 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"/>
2. Checks medication order is correct; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
9. Accurately documents administration of the medication and patient 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"/>
10. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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"/>
11. 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"/>

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

### Student Feedback Sheet – Core Mental Health Placement 3

DRUG ADMINISTRATION	DATE	STUDENT'S COMMENTS	STUDENT'S SIGNATURE	FEEDBACK FROM RPN	RPN SIGNATURE
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

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

#### Core Mental Health Placement 4

Medication Generic/Trade Name	Medication Group and Indications	Dose and Route	Frequency	Peak Action/ duration of action (if available)	Contraindications/ cautions / nursing considerations	Side- effects / adverse reactions	Participates as 2nd checker in:	Staff and student: insert date and signature
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	
							preparation <input type="checkbox"/> calculation <input type="checkbox"/> administration <input type="checkbox"/> documentation <input type="checkbox"/> of administered medication	

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

### Student Medication Worksheets – Core Mental Health Placement 4

Student Name	:		Date Assessor		Date Assessor		Date Assessor		Date Assessor		Date Assessor	
NOTE: One drug round relates to administering medication(s) to one patient.												
Ward Area	:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. 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"/>
2. Checks medication order is correct; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
9. Accurately documents administration of the medication and patient 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"/>
10. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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"/>
11. 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"/>

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

Student Name	:		Date Assessor		Date Assessor		Date Assessor		Date Assessor		Date Assessor	
NOTE: One drug round relates to administering medication(s) to one patient.												
Ward Area	:		YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
1. 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"/>
2. Checks medication order is correct; 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"/>
3. Check vital signs, 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"/>
4. Is knowledgeable about drug name, expected mechanism of the medication. Where to access the information i.e. IMF/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"/>
5. Assess patient 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"/>
6. 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"/>
7. 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"/>
9. Accurately documents administration of the medication and patient 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"/>
10. Is knowledgeable about ordering from pharmacy, collecting medication and organising discharge prescriptions			<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"/>
11. 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"/>

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

**Student Feedback Sheet – Core Mental Health Placement 4**

<b>DRUG ADMINISTRATION</b>	<b>DATE</b>	<b>STUDENT'S COMMENTS</b>	<b>STUDENT'S SIGNATURE</b>	<b>FEEDBACK FROM RPN</b>	<b>RPN SIGNATURE</b>
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					
<b>8</b>					
<b>9</b>					
<b>10</b>					

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



**Useful reading:**

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).

Dougherty, L., Lister, S., and West-Orem A. (eds) (2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. 9<sup>th</sup> edn., Oxford: Wiley Blackwell Publishing.

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

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/9781284144895/> (Accessed 10 November 2019).

NMBI (2015) *Scope of Nursing and Midwifery Practice Framework*. Dublin: NMBI.

NMBI (2020) *Standards for Registered Nurses and Midwives on Medication Administration*. Dublin: NMBI.

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

**Useful websites:**

Nursing and Midwifery Board of Ireland (2020) *Guidance to Nurses and Midwives on Medication Management*. Available at <https://www.nmbi.ie/Standards-Guidance/Medicines-Management> (Accessed 08 January 2021).

Dosagehelp.com (2020) available online at: <http://www.dosagehelp.com/> (Accessed 08 January 2021)

Queens University Belfast, Numeracy Skills for Drug Calculations, Available at: <https://www.qub.ac.uk/elearning/public/NumeracySkillsforDrugCalculations/> (Accessed 08 January 2021)

World Health Organisation (2021) *5 Moments for Medication Safety*, Available at: <https://www.who.int/patientsafety/medication-safety/5moments/en/> (Accessed 08 January 2021).