

**South Dakota Board of Nursing**  
**Unlicensed Medication Aide Skills Performance Evaluation**

Complete this checklist for each unlicensed medication aide (UMA) student during the required 4-hour clinical or skills lab portion of the UMA training program or to evaluate competency of a registered UMA on an annual basis. The RN to student/UMA ratio must be 1:1.

**Prior to Medication Administration, the Student or UMA:**

<input type="checkbox"/>	Checked the medication administration record (MAR) and reviewed for completeness, accuracy, known allergies
<input type="checkbox"/>	Checked medication resources and references as needed
<input type="checkbox"/>	Clarified questions with the nurse
<input type="checkbox"/>	Washed hands
<input type="checkbox"/>	Collected needed items (e.g. med cup, water, straw)

**During Medication Administration, the Student or UMA:**

<input type="checkbox"/>	Selected the right medication (e.g. from patient's med drawer)									
<input type="checkbox"/>	Completed the "Rights" of medication administration including right drug, dose, route, time, and patient									
<input type="checkbox"/>	Checked the expiration date of medication									
<input type="checkbox"/>	Prepared medication correctly (e.g. poured correct amount)									
<input type="checkbox"/>	Identified patient according to agency policy (e.g. checked patient ID bracelet against MAR, called resident by name, or used bar code scanner)									
<input type="checkbox"/>	Provided privacy as appropriate									
<input type="checkbox"/>	Explained medication procedure to patient									
<input type="checkbox"/>	Obtained & documented required measurements (e.g. blood pressure, pulse)									
<input type="checkbox"/>	Positioned patient appropriately to administer drug									
<i>Verify competency for each route a nurse will be delegating to the UMA.</i>										
<i>If a route was not demonstrated and is later required, an RN instructor may provide education and may validate competency for that route at that time.</i>										
<input type="checkbox"/>	Administered medication appropriately and safely for the following routes:									
<input type="checkbox"/>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Ear</td> <td><input type="checkbox"/> Nose</td> <td><input type="checkbox"/> Sublingual</td> </tr> <tr> <td><input type="checkbox"/> Eye</td> <td><input type="checkbox"/> Oral</td> <td><input type="checkbox"/> Topical</td> </tr> <tr> <td><input type="checkbox"/> Inhaled</td> <td><input type="checkbox"/> Rectal</td> <td><input type="checkbox"/> Vaginal</td> </tr> </table>	<input type="checkbox"/> Ear	<input type="checkbox"/> Nose	<input type="checkbox"/> Sublingual	<input type="checkbox"/> Eye	<input type="checkbox"/> Oral	<input type="checkbox"/> Topical	<input type="checkbox"/> Inhaled	<input type="checkbox"/> Rectal	<input type="checkbox"/> Vaginal
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**Following Medication Administration, the Student or UMA:**

<input type="checkbox"/>	Used appropriate infection control procedures according to agency policy (e.g. discarded med cup appropriately, washed hands)
<input type="checkbox"/>	Handled patient carefully and respectfully
<input type="checkbox"/>	Recorded the right documentation on the MAR according to agency policy
<input type="checkbox"/>	Reported and recorded patient observations/concerns

Reference: Sorrentino, S. & Remmert, L. (2009), Mosby's Textbook for Medication Assistants, Mosby: St. Louis, MO.

RN Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student UMA or UMA Name: \_\_\_\_\_ Date: \_\_\_\_\_

UMA Training Program or Employer Name: \_\_\_\_\_