

## Certified Medication Aide Skills Performance Checklist

Student/Nurse Aide Name: \_\_\_\_\_

Training Program Name/Training Code: \_\_\_\_\_

Skill	Date Demonstrated in Lab	Date Demonstrated at Clinical Site	Date Needs Practice (Unsatisfactory)	Date Proficient (Satisfactory)	Instructor Initials	Trainee Initials
<b>Infection Control</b>						
Handwashing						
Gloving/On - Off						
<b>Vital Signs</b>						
Blood pressure						
Apical pulse						
Radial pulse						
Respirations						
Temperature						
<b>Medication Routes</b>						
<b>Eye Medication</b>						
Ointment						
Drops						
<b>Ear Medication</b>						
<b>Nasal Medication</b>						
Spray***						
Drops						
<b>Oral Medication</b>						
Tablet/Capsule						
Liquid						
<b>Topical Medication</b>						
Creams						
Ointments						
Patches						
<b>Vaginal Medication</b>						
Cream						
Suppository						
<b>Rectal Medication</b>						
Cream						
Suppository						

\*\*\*Per 310:677-13-7(b)(8) A CMA shall not administer medications or nutrition via nasogastric or gastrostomy tubes, or administer oral metered dose inhalers or nebulizers, unless the CMA has completed a Department approved advanced training program and has demonstrated competency for such services.

Student/Nurse Aide Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Instructor/Nurse Supervisor Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Instructor/Nurse Supervisor Signature: \_\_\_\_\_ Initials: \_\_\_\_\_