

# Pennsylvania Office of Developmental Programs

## Medication Administration – Additional Qualification for Non-Oral Medications

Feeding Tubes ~ Inhalation Treatments ~ Enemas ~ Rectal Diazepam ~ Subcutaneous Injections

- Does not apply to: Insulin or Auto Injection Epinephrine
- Does not apply to: Rectally administered medications (other than above), vaginally administered medications, topical medications, transdermal patches, nasal medications, ear drops, eye drops, buccal, translingual, or sublingual medications.

**Staff Name:** \_\_\_\_\_

**Medication Administration Initial Qualification Date:** \_\_\_\_\_

**Medication Administration Most Recent Annual Practicum Date:** \_\_\_\_\_

Please add dates for successful completion of training or write N/A (no line should be blank):

**Nasogastric Tube:** \_\_\_\_\_

**Rebreather:** \_\_\_\_\_

**Gastrostomy Tube:** \_\_\_\_\_

**Subcutaneous injections:** \_\_\_\_\_

**Jejunostomy Tube:** \_\_\_\_\_

**Enema:** \_\_\_\_\_

**Inhaler:** \_\_\_\_\_

**Rectal Diazepam:** \_\_\_\_\_

**Nebulizer:** \_\_\_\_\_

**Other:** \_\_\_\_\_ / \_\_\_\_\_  
Date

- This document qualifies that the above-named staff person successfully completed the Department approved Medication Administration Training course and that their qualification is current.
- This document qualifies that the staff person also has successfully completed training related to the types of medication indicated above.
- This document qualifies that the staff person was trained on the types of medication above by a **licensed health care professional** within the past 12 months.

**Medication Administration – Additional Qualification for Non-Oral Medications  
Feeding Tubes ~ Inhalation Treatments ~ Enema ~ Rectal Diazepam ~ Subcutaneous  
Injections**

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

Licensed Health Care Professional

Name/Title (Printed): \_\_\_\_\_ / \_\_\_\_\_

Licensed Health Care Professional

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

Trainer Name (printed): \_\_\_\_\_

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

*\*Please keep this information with employee records.*