Indiana University East School of Nursing

Math/Medication Administration Counseling Form

[Student's Name] failed the first math/medication administration examination with a score of ______ on ______. The student and the faculty have identified the following problem areas and together will review these problem areas prior to the student’s completing the second math/medication administration examination.

Furthermore, because math/medication administration is a critical behavior for this course(s), students must pass the exam with a 90% before the first clinical experience.

Math/Medication Administration Problems

<table>
<thead>
<tr>
<th>Identified Problem #</th>
<th>Reviewed (Please check and date)</th>
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1. **Basic Math/Process**

A. Proportion/Dimensional Analysis
   1. Solving for x
   2. Answers including the correct unit of measurement

B. Abbreviations

C. Decimal rule

D. Rounding

2. **Memory of Conversion Factor**

A. _______ to _______

B. _______ to _______

C. _______ to _______

D. _______ to _______

3. **Preparation of Medication**

A. Knowledge of calibrations

B. Choice of Syringe/cups

4. **Basic IV rates**

A. Critical care IV

5. **Other**

_________________________________________________________________________
I agree that the problem areas in math have been identified.

______________________________________________________________________________
Student Signature          Faculty Signature          Date

I agree that the problem areas in math/medication administration have been adequately reviewed prior to the second scheduled math exam.

Comments:

______________________________________________________________________________
Student Signature (2nd exam)          Date: __________

______________________________________________________________________________
Faculty signature (2nd exam)          Date: __________

Second Math Examination Score: ____________          Date: __________

I agree that the problem areas in math/medication administration have been adequately reviewed prior to the third scheduled math exam.

Comments:

______________________________________________________________________________
Student Signature (3rd exam)          Date: __________

______________________________________________________________________________
Faculty signature (3rd exam)          Date: __________

Third Math Examination Score: ____________          Date: __________

Revised: ECNF Curriculum 04/22/03,10/18/11, rev. 05/03 accepted by ECNF 04/29/03, Reviewed by NFC 11/07/11, revised 09/09/13, Revised by Curriculum and approved by NFC 11/11/13