



Medication Administration In-Service and Evaluation

Name of Facility/Home: Mission Point

Employee Receiving In-Service: Meagen Hatfield

Date of 1st In-Service*: 1/24/20 Time: 12:00 am / pm Trainer: M. Doherty
*This is done by a regional nurse

Date of 2nd In-Service: 2/17/20 Time: 1:00 am / pm Trainer: April Thompson

Date of 3rd In-Service: 2/20/20 Time: 8:00 am / pm Trainer: April Thompson

Date of 4th In-Service: / / Time: : am / pm Trainer:

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: 2/25/20 Time: 8:00 am / pm Trainer: April Thompson

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1 Medication Area		✓	✓				✓	
a. Location of ample supplies prior to administration		✓	✓				✓	
b. Area is clean and organized		✓	✓				✓	
c. Area is always locked		✓	✓				✓	
d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)		✓	✓				✓	
2 DMA washes hands prior to administering medications and between each Resident		✓	✓				✓	
3 Medication keys are retained by DMA		✓	✓				✓	
4 Resident is identified per facility policy and procedure prior		✓	✓				✓	
5 Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications		✓	✓				✓	
a. If Pulse and BP are required, hands and equipment are washed per facility policy		✓	✓				✓	
b. If Apical Pulse is required, privacy is provided		✓	✓				✓	
6 Medications Administration per facility policy and procedure: to include review of the '6 Rights'		✓	✓				✓	
a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR		✓	✓				✓	
b. Liquid medication is poured at eye level, with palm covering label of stock bottle		✓	✓				✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
7		✓	✓				✓	
8		N/A	N/A				N/A	
		N/A	N/A				N/A	
		N/A	N/A				N/A	
		N/A	N/A				N/A	
9		✓	✓				✓	
		✓	✓				✓	
		✓	✓				✓	
10		✓	✓				✓	
11		✓	✓				✓	
12		✓	✓				✓	
13		✓	✓				✓	
14		✓	✓				✓	
15		✓	✓				✓	
16		✓	✓				✓	
17		✓	✓				✓	
18		✓	✓				✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19		✓	✓				✓	
20		✓	✓				✓	
21		✓	✓				✓	
22		✓	✓				✓	
23		✓	✓				✓	
24		✓	✓				✓	
25		✓	✓				✓	
26		✓	✓				✓	

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

Heather Ferguson

 Employee Signature

2-25-20

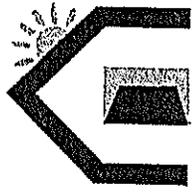
 Date

April Kelly

 Home Manager Signature

2-25-20

 Date



BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Meagen Hatfield

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

2-25-2020

COMPLETION DATE

April Peery

TRAINER SIGNATURE



Certificate of Completion
IS HEREBY GRANTED TO

Meagen Hatfield

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Initial Medical training, Bloodborne Pathogens, DMA training

TYPE OF TRAINING

1/20/2020

COMPLETION DATE

Tracee Vinyard RN

TRAINER SIGNATURE