



Medication Administration In-Service and Evaluation

Name of Facility/Home: Nonica

Employee Receiving In-Service: Christina Todor

Date of 1st In-Service*: 12/30/2019 Time: 9:00 am / pm Trainer: Cathryn Strahan, RN
*This is done by a regional nurse

Date of 2nd In-Service: 12/30/2019 Time: 9:00 am / pm Trainer: David Schmitz

Date of 3rd In-Service: 3/6/20 Time: 4:00 am / pm Trainer: [Signature]

Date of 4th In-Service: 3/19/20 Time: 4:00 am / pm Trainer: [Signature]

Date of 5th In-Service: 03/27/2020 Time: 12:00 am / pm Trainer: [Signature] David Schmitz

Date of 6th In-Service: 1/1 Time: : am / pm Trainer:

Date of Final Evaluation: 4/10/2020 Time: 12:00 am / pm Trainer: David Schmitz

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



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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	✓	✓	✓	✓	✓		✓	
	d. Observe Resident to ensure medication is swallowed	✓	✓	✓	✓	✓		✓	
	e. Offer adequate and appropriate fluid with medication	✓	✓	✓	✓	✓		✓	
	f. Medication record is signed immediately after administration of same	✓	✓	✓	✓	✓		✓	
	g. Controlled substance record is signed immediately after administration of same	✓	✓	✓	✓	✓		✓	
	h. Correct dose is administered	✓	✓	✓	✓	✓		✓	
	i. Medication is administered at correct time	✓	✓	✓	✓	✓		✓	
	j. Verify no additional MAR pages have been added	✓	✓	✓	✓	✓		✓	
7	Infection control technique is reviewed	✓	✓	✓	✓	✓		✓	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	✓	✓	✓	✓	✓		✓	
	a. Resident is properly positioned, at a 45° sitting angle	✓	✓	✓	✓	✓		✓	
	b. Tube is checked for placement and patency	✓	✓	✓	✓	✓		✓	
	c. Tube is flushed before, between and after medications are administered	✓	✓	✓	✓	✓		✓	
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	✓	✓	✓	✓	✓		✓	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	✓	✓	✓	✓	✓		✓	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	✓	✓	✓	✓	✓		✓	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	✓	✓	✓	✓	✓		✓	
11	DMA administers eye and ear medication according to facility policies and procedures	✓	✓	✓	✓	✓		✓	
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	✓	✓	✓	✓	✓		✓	
13	Medication administration should not interrupted. DO NOT RUSH	✓	✓	✓	✓	✓		✓	
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	✓	✓	✓	✓	✓		✓	
15	Residents' rights are observed	✓	✓	✓	✓	✓		✓	
16	Location, Procedures and Documenting for administering PRN	✓	✓	✓	✓	✓		✓	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	✓	✓	✓	✓	✓		✓	
18	Medications are administered within time frame per facility policy	✓	✓	✓	✓	✓		✓	



BEACON
Specialized Living

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19	Medication errors are reported to Home Manager and RN teaching medication classes	✓	✓	✓	✓	✓	✓	
20	Medication area is cleaned and locked after completion of medication administration	✓	✓	✓	✓	✓	✓	
21	Designated Medication Administrator can identify action and common side effects of medications administered	✓	✓	✓	✓	✓	✓	
22	Approved Abbreviations List is reviewed	✓	✓	✓	✓	✓	✓	
23	Seizure precautions and documentation	✓	✓	✓	✓	✓	✓	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer	✓	✓	✓	✓	✓	✓	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	✓	✓	✓	✓	✓	✓	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	✓	✓	✓	✓	✓	✓	

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.

Christina Jodor
Employee Signature

9/16/2020
Date

LM Coleman-Fisher
Home Manager Signature

4.13.2020
Date