



Medication Administration In-Service and Evaluation

Name of Facility/Home: ~~Todd~~ Niles

Employee Receiving In-Service: TORI DEMELLENCERE

Date of 1st In-Service: 1/22/20 Time: 8:pm am/pm Trainer: Kim

Date of 2nd In-Service: 1/23/20 Time: 2:pm am/pm Trainer: Kim

Date of 3rd In-Service: 1/24/20 Time: 12:00 am/pm Trainer: Kim

Date of 4th In-Service: 1/27/20 Time: 4:30 am/pm Trainer: Kim

Date of 5th In-Service: 1/28/20 Time: 6:00 am/pm Trainer: Kim

Date of 6th In-Service: 1/29/20 Time: 8:00 am/pm Trainer: Kim

Date of Final Evaluation: 1/30/20 Time: 8:00 am/pm Trainer: Kim

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 sample supplies prior to administration		<input checked="" type="checkbox"/>							
	b. Area is clean and organized		<input checked="" type="checkbox"/>							
	c. Area is always locked		<input checked="" type="checkbox"/>							
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)		<input checked="" type="checkbox"/>							
2	DMA washes hands prior to administering medications and between each Resident		<input checked="" type="checkbox"/>							
3	Medication keys are retained by DMA		<input checked="" type="checkbox"/>							
4	Resident is identified per facility policy and procedure prior		<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"/>							
	a. If Pulse and BP are required, hands and equipment are washed per facility policy		<input checked="" type="checkbox"/>							
	b. If Apical Pulse is required, privacy is provided		<input checked="" type="checkbox"/>							
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'		<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"/>							
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle		<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		<input checked="" type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed		<input checked="" type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication		<input checked="" type="checkbox"/>							
	f. Medication record is signed immediately after administration of same		<input checked="" type="checkbox"/>							
	g. Controlled substance record is signed immediately after administration of same		<input checked="" type="checkbox"/>							
	h. Correct dose is administered		<input checked="" type="checkbox"/>							
	i. Medication is administered at correct time		<input checked="" type="checkbox"/>							
j. Verify no additional MAR pages have been added		<input checked="" type="checkbox"/>								
7	Infection control technique is reviewed		<input checked="" type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)		<input type="checkbox"/>							
	a. Resident is properly positioned, at a 45° sitting angle		<input type="checkbox"/>							
	b. Tube is checked for placement and patency		<input type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered		<input type="checkbox"/>							
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure		<input checked="" type="checkbox"/>							
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping		<input checked="" type="checkbox"/>							
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results		<input checked="" type="checkbox"/>							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.		<input checked="" type="checkbox"/>							
11	DMA administers eye and ear medication according to facility policies and procedures		<input checked="" type="checkbox"/>							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.		<input checked="" type="checkbox"/>							
13	Medication administration should not be interrupted. DO NOT RUSH		<input checked="" type="checkbox"/>							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure		<input checked="" type="checkbox"/>							
15	Residents' rights are observed		<input checked="" type="checkbox"/>							
16	Location, Procedures and Documenting for administering PRN		<input checked="" type="checkbox"/>							
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)		<input checked="" type="checkbox"/>							
18	Medications are administered within time frame per facility policy		<input checked="" type="checkbox"/>							



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19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>							
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>							
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>							
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>							
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>							
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>							
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>							
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>							

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.

Tori Demme
Employee Signature

1/30/20
Date

K. Howard
Home Manager Signature

1-30-2020
Date