

ation Administration In-Service and Evaluation

Coster North
In-Service: Joseph Somerville

3/30/20 Time: 9:00 am Trainer: Vineyard
4/2/20 Time: 6:00 am Trainer: Cordelle

4/8/20 Time: 4:30 am/pm Trainer: ~~Cheryl~~

4/10/20 Time: 9:30 am/pm Trainer: ~~Cheryl~~

4/14/20 Time: 4:00 am/pm Trainer: Cordelle

4/14/20 Time: 7:30 am/pm Trainer: V Cousins

4/15/20 Time: 7:00 am/pm Trainer: V Cousins

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 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 2 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 3 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 4 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 5 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| 6 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |



Medication Administration In-Service and Evaluation

| In-Service # | 1st | | | | | | 2nd | | | | | | 3rd | | | | | | 4th | | | | | | 5th | | | | | | 6th | | | | | | Eval. | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|---|---|-----|---|---|---|---|---|-----|---|---|---|---|---|-----|---|---|---|---|---|-----|---|---|---|---|---|-----|---|---|---|---|---|-------|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | d. Observe Resident to ensure medication is swallowed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | e. Offer adequate and appropriate fluid with medication administration of same | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Home Manager Signature _____ Date 4/15/20

Employee Signature _____ Date 4-15-20

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.

Specify time frame for completion: _____ N/A

FOLLOW UP CONCERNS

| In-Service # | 1st | 2nd | 3rd | 4th | 5th | 6th | Eval. | Comments |
|--------------|-----|-----|-----|-----|-----|-----|-------|---|
| 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 Epcrates 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) |

Medication Administration In-Service and Evaluation





Certificate of Completion
IS HEREBY GRANTED TO

Joseph Somerville
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

Neva Corbino
TRAINER SIGNATURE

4/15/2022
COMPLETION DATE