



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Carleton

Employee Receiving In-Service: Michele Heinze

Date of 1st In-Service\*: 11/19/19 Time: 12:00 am /  pm Trainer: Jessica Perez  
\*This is done by a regional nurse

Date of 2nd In-Service: 1/13/2020 Time: 2:00 am /  pm Trainer: M. Thomas

Date of 3rd In-Service: 1/18/2020 Time: 8:00 am / pm Trainer: M. Thomas

Date of 4th In-Service: 1/19/2020 Time: 8:00 am / pm Trainer: M. Thomas

Date of 5th In-Service: 1/20/2020 Time: 8:00 am /  pm Trainer: M. Thomas

Date of 6th In-Service: 1/21/2020 Time: 8:00 am /  pm Trainer: M. Thomas

Date of Final Evaluation: 1/23/2020 Time: 2:00 am /  pm Trainer: M. Thomas

**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  | ✓   | ✓   | ✓   | X   | X   | X   | X     |          |
| 6 | Medications Administration per facility policy and procedure: to include review of the '6 Rights'                                  | ✓   | X   | X   | X   | X   | X   | X     |          |
|   | a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR                    | ✓   | X   | X   | X   | X   | X   | X     |          |
|   | b. Liquid medication is poured at eye level, with palm covering label of stock bottle  | ✓   | X   | X   | X   | X   | X   | X     |          |



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



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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

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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.

*Michele Hienz*  
 \_\_\_\_\_  
 Employee Signature

*1-23-2020*  
 \_\_\_\_\_  
 Date

*Meghan Thomas*  
 \_\_\_\_\_  
 Home Manager Signature

*1/23/2020*  
 \_\_\_\_\_  
 Date