



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Breakwater

Employee Receiving In-Service: Sily Schultz

Date of 1st In-Service*: / / Time: : am / pm Trainer:
*This is done by a regional nurse

Date of 2nd In-Service: / / Time: : am / pm Trainer:

Date of 3rd In-Service: / / Time: : am / pm Trainer:

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: 5/11/20 Time: 12:00 am / pm Trainer: Roberta Clemen

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						✓	<u>discussed</u>
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							✓	<i>discussed</i>
							✓	<i>discussed</i>
							✓	<i>discussed</i>
							✓	<i>discussed</i>
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	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.

Kelly Schmitt
Employee Signature

5-11-20
Date

Roberta Clemons
Home Manager Signature

5-11-20
Date