BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Clarkston

Employee Receiving In-Service: Ashley Przybylowicz

Date of 1st In-Service*: 5/28/2020 Time: 2:25 am / (pm) Trainer: Kaitlin Dickerson

*This is done by a regional nurse

Date of 2nd In-Service: 5/30/20 Time: 8:00 (am) / pm Trainer: Rochelle Jami

Date of 3rd In-Service: 6/2/20 Time: 8:00 (am) / pm Trainer: Kaitlin Dickerson

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: __/__/__ Time: __:__ am / pm Trainer: _____

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

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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								

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

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.

_____ _____

Employee Signature *Date*

_____ _____

Home Manager Signature *Date*