



Medication Administration In-Service and Evaluation

Name of Facility/Home: Clarkston

Employee Receiving In-Service: Rochelle Jarvi

Date of 1st In-Service*: / / Time: : am / pm Trainer:

*This is done by a regional nurse

Date of 2nd In-Service: 5/4/20 Time: 8:00 am / pm Trainer: P. Burchi

Date of 3rd In-Service: 5/5/20 Time: 8:00 am / pm Trainer: P. Burchi

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: 5/6/20 Time: 8:00 am / pm Trainer: P. Burchi

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



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



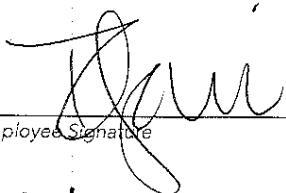
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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager and RN teaching medication classes		X	X				X	
20	Medication area is cleaned and locked after completion of medication administration		X	X				X	
21	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	

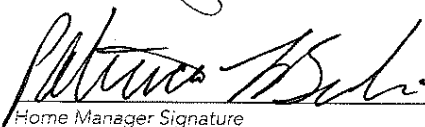
FOLLOW UP CONCERNS

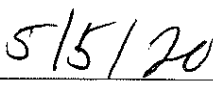
Specify time frame for completion: _____ ☒ N/A

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