BEACON Specialized Living

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				Y	
	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				Y	
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				Y	
	b. If Apical Pulse is required, privacy is provided		X	X				Y	
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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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		X	X				P	
	d. Observe Resident to ensure medication is swallowed		X	X				P	
	e. Offer adequate and appropriate fluid with medication		X	X				P	
	f. Medication record is signed immediately after administration of same		X	X				P	
	g. Controlled substance record is signed immediately after administration of same		X	X				P	
	h. Correct dose is administered		X	X				P	
	i. Medication is administered at correct time		X	X				P	
	j. Verify no additional MAR pages have been added		X	X				P	
7	Infection control technique is reviewed		X	X				P	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)		X	X				P	
	a. Resident is properly positioned, at a 45° sitting angle		X	X				P	
	b. Tube is checked for placement and patency		X	X				P	
	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				P	
	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				P	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.		X	X				P	
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				P	
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				P	
16	Location, Procedures and Documenting for administering PRN		X	X				P	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)		X	X				P	
18	Medications are administered within time frame per facility policy		X	X				P	

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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

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* 5/5/2020

Home Manager Signature — *Date* 5/5/20