



Certificate of Completion
IS HEREBY GRANTED TO

Corinne Vanloon

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA In-Service Eval

TYPE OF TRAINING

6/7/20

COMPLETION DATE

Carolyn Nantinga

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Coster North
 Employee Receiving In-Service: Cornie Vanston

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

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: 6/7/00 Time: 12:00 am / pm Trainer: Bob

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

	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	✓						✓	
a. If Pulse and BP are required, hands and equipment are washed per facility policy	✓						✓	
b. If Apical Pulse is required, privacy is provided	✓						✓	
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	✓						✓	

 Home Manager Signature

 Date 7/7/20

 Employee Signature

 Date 7/7/20

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.

Specify time frame for completion: _____ N/A

FOLLOW UP CONCERNS

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)

Medication Administration In-Service and Evaluation

