



Medication Administration In-Service and Evaluation

Name of Facility/Home: Onsted Rd

Employee Receiving In-Service: Mike Weatherby

Date of 1st In-Service*: 5/7/20 Time: 10: (am) pm Trainer: P Grawby

Date of 2nd In-Service: 5/12/20 Time: 8: am (pm) Trainer: P Grawby

Date of 3rd In-Service: 5/14/20 Time: 8: (am) pm Trainer: P Grawby

Date of 4th In-Service: 5/22/20 Time: 8: (am) pm Trainer: P Grawby

Date of 5th In-Service: 5/22/20 Time: 8: am (pm) Trainer: P Grawby

Date of 6th In-Service: 5/23/20 Time: 8: (am) / pm Trainer: P Grawby

Date of Final Evaluation: 5/25/20 Time: 8: (am) pm Trainer: P Grawby

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



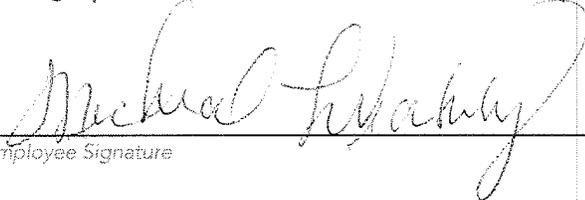
Medication Administration In-Service and Evaluation

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.



 Employee Signature

5-25-20

 Date



 Home Manager Signature

 Date



Training Acknowledgment

Employee Name: Mike Weatherby Policy/Procedure/Topic: Medication Pass
Trained By: Pam Grawbar Date Trained: May 7 2020

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Mike Weatherby
Employee Signature

5.25.20
Date

Pam Grawbar
Home Manager Signature

May 7 2020
Date

Copy to Employee
Copy to Employee Personnel File/HR



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Training Acknowledgment

Employee Name: Mike Weatherby Policy/Procedure/Topic: Vital Signs
Trained By: Dan Gawbarger Date Trained: May 7 2020

I acknowledge that I have received training on the above topic, along with supporting policies, forms and procedures.

I understand that it is my responsibility to adhere to the requirements of the training fully, and if I do not understand my responsibility or need clarification, I will seek immediate assistance from a Home Manager in order to act in accordance with state policy, procedures and company expectations.

I understand that this Training Acknowledgment will become part of my permanent employment record, and that failure to apply the principles I was taught in my training will result disciplinary action, up to and including my termination of employment for failure to follow company policy.

Michael Weatherby
Employee Signature

5-7-20
Date

Dan Gawbarger
Home Manager Signature

May 7 2020
Date

Copy to Employee
Copy to Employee Personnel File/HR