**BEACON**
**Specialized Living**

# Medication Administration In-Service and Evaluation

Name of Facility/Home: Clarkston

Employee Receiving In-Service: Qualane Green

Date of 1st In-Service*: 5/6/20 Time: 8:00 am / pm Trainer: Katie D.
*This is done by a regional nurse

Date of 2nd In-Service: 5/12/20 Time: 8:00 am / pm Trainer: Rochelle Jarri

Date of 3rd In-Service: 5/14/20 Time: 2:00 am / pm Trainer: Kaitlin Dickerson

Date of 4th In-Service: 5/15/20 Time: 8:00 am / pm Trainer: Kaitlin Dickerson

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: 5/16/20 Time: 8:00 am / pm Trainer: Kaitlyn Dwarp

**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 | ✓ | ✓ | ✓ | ✓ | | | ✓ | |
| | 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 | ✓ | ✓ | ✓ | ✓ | | | ✓ | |

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|---|---|---|---|---|---|---|---|---|---|
| 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 | ✓ | ✓ | ✓ | ✓ | | | ✓ | |
| 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 _____ Date 5.15.2020

Home Manager Signature _____ Date 5/16/20