BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Galesburg / Augusta

Employee Receiving In-Service: Tristen Morales

Date of 1st In-Service*: 4 /29 /20 Time: 8 : 00 (am) / pm Trainer: Alicia Burns
*This is done by a regional nurse

Date of 2nd In-Service: 4 /30 /20 Time: 8 : 00 (am) / pm Trainer: Margo Lewis

Date of 3rd In-Service: 5 / 1 /20 Time: 8 : 00 (am) / pm Trainer: Margo Lewis

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 / 1 /20 Time: 12 : 00 am / (pm) Trainer: Marie Ulrich

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

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

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19	Medication errors are reported to Home Manager and RN teaching medication classes	X	X	X				X	
20	Medication area is cleaned and locked after completion of medication administration	X	X	X				X	
21	Designated Medication Administrator can identify action and common side effects of medications administered	X	X	X				X	
22	Approved Abbreviations List is reviewed	X	X	X				X	
23	Seizure precautions and documentation	X	X	X				X	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link or staff computer	X	X	X				X	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	X	X	X				X	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	X	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 5/1/20

Home Manager Signature _____ Date 5/1/20