



Medication Administration In-Service and Evaluation

Name of Facility/Home: Hart

Employee Receiving In-Service: Kristy Vigger

Date of 1st In-Service*: / / Time: : am / pm Trainer: Chris Wright
*This is done by a regional nurse

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: 9 / 4 / 20 Time: 8:00 am / pm Trainer: Chris Wright

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.

Kristy Visger
Employee Signature

9-4-20
Date

Chris W...
Home Manager Signature

9-4-20
Date