



Medication Administration In-Service and Evaluation

Name of Facility/Home: Kinder

Employee Receiving In-Service: Khawar Blue

Date of 1st In-Service: 4/23/20 Time: 9:30 am/pm am Trainer: DMA

Date of 2nd In-Service: 5/13/20 Time: 11:00 am/pm pm Trainer: Julie

Date of 3rd In-Service: 5/14/20 Time: 11:00 am/pm pm Trainer: Julie

Date of 4th In-Service: 5/18/20 Time: 12:00 am/pm pm Trainer: Julie

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

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

Date of Final Evaluation: 5/20/20 Time: 4:00 am/pm pm Trainer: Julie

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	☐	☒	☒	☒	☐	☐	☒	<u>Khawar</u>
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	☐	☒	☒	☒	☐	☐	☒	



BEACON
Specialized Living

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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6		☒	☒	☒			☒	
		☒	☒	☒			☒	
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7		☒	☒	☒			☒	
8		☒	☒	☒			☒	
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9		☒	☒	☒			☒	
		☒	☒	☒			☒	
		☒	☒	☒			☒	
10		☒	☒	☒			☒	
11		☒	☒	☒			☒	
12		☒	☒	☒			☒	
13		☒	☒	☒			☒	
14		☒	☒	☒			☒	
15		☒	☒	☒			☒	
16		☒	☒	☒			☒	
17		☒	☒	☒			☒	
18		☒	☒	☒			☒	



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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor 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	☐	☒	☒	☒	☐	☐	☒	<i>Epocrates</i>
22	Approved Abbreviations List is reviewed	☐	☒	☒	☒	☐	☐	☒	
23	Seizure precautions and documentation	☐	☒	☒	☒	☐	☐	☒	
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	☐	☒	☒	☒	☐	☐	☒	
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.

Jessie Bh
Employee Signature

5/20/20
Date

J. B. K.
Home Manager Signature

5/20/20
Date