



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Hammond

Employee Receiving In-Service: Jennifer Scheff

Date of 1st In-Service:     /     /     Time:     :     am / pm Trainer:    

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: 10 / 11 / 20 Time: 12 : 00 am / (pm) Trainer: Jamzrz W.

Date of 6th In-Service: 10 / 15 / 20 Time: 4 : 00 am / (pm) Trainer: Jamzrz W.

Date of Final Evaluation: 10 / 16 / 20 Time: 7 : 00 (am) / pm Trainer: Jamzrz W.

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



## Medication Administration In-Service and Evaluation

| In-Service # | 1st                                                                                                                               | 2nd | 3rd | 4th | 5th | 6th | Eval. | Comments |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-------|----------|
| 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                                                                |     |     |     |     |     |       |          |



## Medication Administration In-Service and Evaluation

| In-Service #                                                                                                   | 1st                      | 2nd                      | 3rd                      | 4th                      | 5th                                 | 6th                                 | Eval.                               | Comments |
|----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|
| 19 Medication errors are reported to Site Supervisor and RN teaching medication classes                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 20 Medication area is cleaned and locked after completion of medication administration                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 21 Designated Medication Administrator can identify action and common side effects of medications administered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 22 Approved Abbreviations List is reviewed                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 23 Seizure precautions and documentation                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 24 After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 25 2nd Staff Verification, what it is, when it is needed, and how to document it                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 26 Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

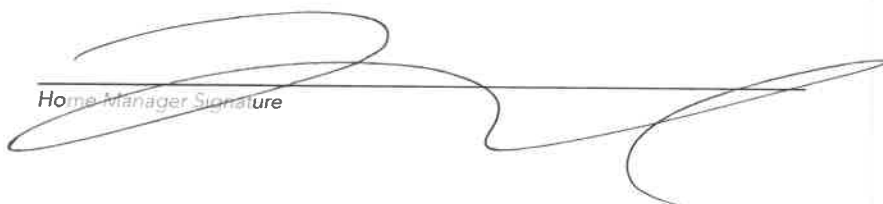
### FOLLOW UP CONCERNS

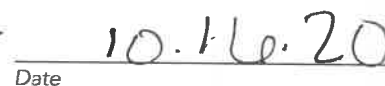
Specify time frame for completion: \_\_\_\_\_ ☐ N/A

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

  
Home Manager Signature

  
Date