



Medication Administration In-Service and Evaluation

DMA - Train the Trainer

Name of Facility/Home: Beacon Southeast Region Nursing

Employee Receiving In-Service: Kristyn Emery RN

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

*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: 10 / 27 / 20 Time: 09 : 00 am / pm Trainer: David Schmidt

Date of Final Evaluation: 10 / 29 / 20 Time: 09 : 00 am / pm Trainer: Dave Schmit

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						10/27 ✓	✓	
a. Location of ample supplies prior to administration						10/27 ✓	✓	
b. Area is clean and organized						10/27 ✓	✓	
c. Area is always locked						10/27 ✓	✓	
d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)						10/27 ✓	✓	
2 DMA washes hands prior to administering medications and between each Resident						10-27-20 ✓	✓	
3 Medication keys are retained by DMA						10/27 ✓	✓	
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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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6						✓	✓	
						✓	✓	
						✓	✓	
						✓	✓	
						✓	✓	
						✓	✓	
						✓	✓	
						✓	✓	
7						✓	✓	
8						✓	✓	
						✓	✓	
						✓	✓	
						✓	✓	
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 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.

Kristyn Cherry RN
Employee Signature

10/29/20
Date

DAVID SCHMITZ
Home Manager Signature

10/29/2020
Date