BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: **Blue Lake**

Employee Receiving In-Service: **Molly Rudnick**

Date of 1st In-Service: **9/9/20**   Time: **1:30** am (pm)   Trainer: B. R.

Date of 2nd In-Service: **9/10/20**   Time: **10:00** (am) pm   Trainer: B. R.

Date of 3rd In-Service: **/ /**   Time: **12:00** am (pm)   Trainer: B. R.

Date of 4th In-Service: **9/8/20**   Time: **2:00** am (pm)   Trainer: B.

Date of 5th In-Service: **9/8/20**   Time: **4:00** am (pm)   Trainer: B. R.

Date of 6th In-Service: **9/9/20**   Time: **12:00** am (pm)   Trainer: B. R.

Date of Final Evaluation: **9/10/20**   Time: **7:00** am (pm)   Trainer: B. R.

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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	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	✓	✓	✓	✓	✓	✓	✓	
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 <u>Coordinator of Care at my Site</u> <u>during open office hours and to the On-Call person after hours</u>.

Mally Richmires
Employee Signature

9/10/2020
Date

signature
Home Manager Signature

9/10/2020
Date