



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Anchor Pointe

Employee Receiving In-Service: Jerome White

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: ____/____/____ Time: ____:____ am / pm Trainer: _____

Date of Final Evaluation: 12/17/20 Time: 1:30 am / pm Trainer: K. Green

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
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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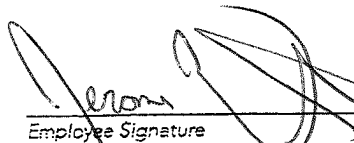
Medication Administration In-Service and Evaluation

	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)							✓	

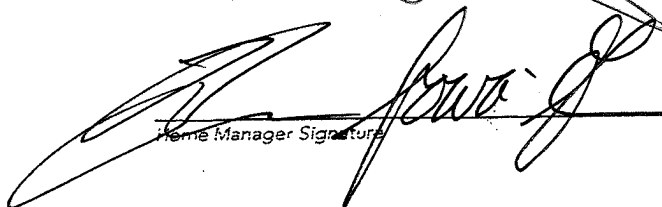
FOLLOW UP CONCERNS

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.


Employee Signature

12/17/20
Date


Home Manager Signature

12-17-20
Date