



## Medication Administration In-Service and Evaluation

Name of Facility/Home: DMA Train the Trainers / Walker

Employee Receiving In-Service: JESSICA KIBLOSKI

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: 12 / 17 / 2020 Time: 9 : 00 am / pm Trainer: Dave Schmitz

Date of Final Evaluation: 12 / 23 / 2020 Time: 9 : 00 am / pm Trainer: Dave Schmitz

### 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                                              |     |     |     |     |     | ✓   | ✓     |          |



## 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                                                                |     |     |     |     |     | ✓   | ✓     |          |

MM043



## 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

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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