



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Pruden

Employee Receiving In-Service: Tanya Coleman

Date of 1st In-Service\*: 11, 23, 20 Time: 9:00 (am/pm) Trainer: DMA  
\*This is done by a regional nurse

Date of 2nd In-Service: 12, 16, 20 Time: 6:30 (am/pm) Trainer: Jude

Date of 3rd In-Service: 12, 22, 20 Time: 8:00 (am/pm) Trainer: Jude

Date of 4th In-Service: 12, 29, 20 Time: 8:00 (am/pm) Trainer: Jude

Date of 5th In-Service:  / / Time:  :  am / pm Trainer:  / /

Date of 6th In-Service:  / / Time:  :  am / pm Trainer:  / /

Date of Final Evaluation: 1 / 1 / 21 Time: 8:00 (am/pm) Trainer: Panda Pittman

**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		X	X	X			X	
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		✓	✓	✓			✓	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
7		✓	✓	✓			✓	
8		X	X	X			X	
		X	X	X			X	
		X	X	X			X	
		X	X	X			X	
9		X	X	X			X	
		✓	✓	✓			✓	
		✓	✓	✓			✓	
10		✓	✓	✓			✓	
11		✓	✓	✓			✓	
12		✓	✓	✓			✓	
13		✓	✓	✓			✓	
14		✓	✓	✓			✓	
15		✓	✓	✓			✓	
16		✓	✓	✓			✓	
17		✓	✓	✓			✓	
18		✓	✓	✓			✓	



## Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19		✓	✓	✓			✓	
20		✓	✓	✓			✓	
21		✓	✓	✓			✓	
22		✓	✓	✓			✓	
23		✓	✓	✓			✓	
24		✓	✓	✓			✓	
25		✓	✓	✓			✓	
26		✓	✓	✓			✓	

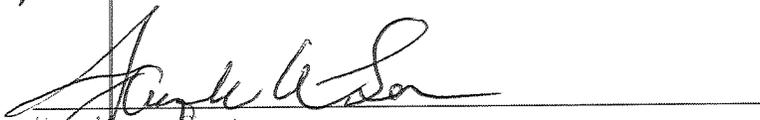
### FOLLOW UP CONCERNS

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

1-1-2021  
Date

  
Home Manager Signature

12-30-2020  
Date