



## Medication Administration In-Service and Evaluation

Name of Facility/Home: New Haven

Employee Receiving In-Service: Sierra Way

Date of 1st In-Service\*: 1 / 6 / 2021 Time: 7:00 am pm Trainer: Karen Kaufman  
\*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:  / / Time:  :  am / pm Trainer:

### 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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|----|---|-----|-----|-----|-----|-----|-----|-------|----------|
| 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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|--------------|--|-----|-----|-----|-----|-----|-------|----------|
| 19           | Medication errors are reported to Home Manager and RN teaching medication classes                            | α   |     |     |     |     |       |          |
| 20           | Medication area is cleaned and locked after completion of medication administration                          | α   |     |     |     |     |       |          |
| 21           | Designated Medication Administrator can identify action and common side effects of medications administered  | α   |     |     |     |     |       |          |
| 22           | Approved Abbreviations List is reviewed  | α   |     |     |     |     |       |          |
| 23           | Seizure precautions and documentation  | α   |     |     |     |     |       |          |
| 24           | After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer | α   |     |     |     |     |       |          |
| 25           | 2nd Staff Verification, what it is, when it is needed, and how to document it                                | α   |     |     |     |     |       |          |
| 26           | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)                      | α   |     |     |     |     |       |          |

**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.

*Switzer Way*  
 \_\_\_\_\_  
 Employee Signature

*1/6/2021*  
 \_\_\_\_\_  
 Date

*Karen Kaufman*  
 \_\_\_\_\_  
 Home Manager Signature

*1-5-2021*  
 \_\_\_\_\_  
 Date