



Medication Administration In-Service and Evaluation

Name of Facility/Home: Wolf Lake

Employee Receiving In-Service: Lauren Hankins

Date of 1st In-Service: 12 /23 /20 Time: 8 :00 am / pm Trainer: Kelly Fox

Date of 2nd In-Service: 12 /23 /20 Time: 12 :00 am / pm Trainer: Kelly Fox

Date of 3rd In-Service: 12 /23 /20 Time: 8 :00 am / pm Trainer: Kelly Fox

Date of 4th In-Service: 12 /26 /20 Time: 8 :00 am / pm Trainer: Kelly Fox

Date of 5th In-Service: 12 /26 /20 Time: 10 :00 am / pm Trainer: Kelly Fox

Date of 6th In-Service: 12 /26 /20 Time: 12 :00 am / pm Trainer: Kelly Fox

Date of Final Evaluation: 12 /26 /20 Time: 8 :00 am / pm Trainer: Kelly Fox

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	<input checked="" type="checkbox"/>								
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>								
	b. Area is clean and organized	<input checked="" type="checkbox"/>								
	c. Area is always locked	<input checked="" type="checkbox"/>								
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>								
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>								
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>								
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>								
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications	<input checked="" type="checkbox"/>								
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	<input checked="" type="checkbox"/>								
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>								
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	<input checked="" type="checkbox"/>								
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR	<input checked="" type="checkbox"/>								
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	<input checked="" type="checkbox"/>								



Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>							
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>							
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>							
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>							
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>							
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>							
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>							
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>							

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

12/28/20
 Date


 Home Manager Signature

12/28/20
 Date