



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Carleton

Employee Receiving In-Service: Megan Davis

Date of 1st In-Service\*: 12/28/20 Time: 8:00 am/pm Trainer: Keyonna McCray  
\*This is done by a regional nurse

Date of 2nd In-Service: 12/29/20 Time: 2:00 am/pm Trainer: Katharine Lajiness

Date of 3rd In-Service: 1/9/21 Time: 8:00 am/pm Trainer: Dexter Lewis

Date of 4th In-Service: 1/11/21 Time: 4:00 am/pm Trainer: Dexter Lewis

Date of 5th In-Service: 1/15/21 Time: 5:00 am/pm Trainer: Katharine Lajiness

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

Date of Final Evaluation: 1/18/21 Time: 2:00 am/pm Trainer: M. Thomas

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



**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							
	X	X	X	X	X		X	
	d. Observe Resident to ensure medication is swallowed							
	X	X	X	X	X		X	
	e. Offer adequate and appropriate fluid with medication							
	X	X	X	X	X		X	
	f. Medication record is signed immediately after administration of same							
	X	X	X	X	X		X	
	g. Controlled substance record is signed immediately after administration of same							
	X	X	X	X	X		X	
	h. Correct dose is administered							
	X	X	X	X	X		X	
	i. Medication is administered at correct time							
	X	X	X	X	X		X	
	j. Verify no additional MAR pages have been added							
	X	X	X	X	X		X	
7	Infection control technique is reviewed							
	X	X	X	X	X		X	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)							
	X	X	X	X	X		X	
	a. Resident is properly positioned, at a 45° sitting angle							
	X	X	X	X	X		X	
	b. Tube is checked for placement and patency							
	X	X	X	X	X		X	
	c. Tube is flushed before, between and after medications are administered							
	X	X	X	X	X		X	
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure							
	X	X	X	X	X		X	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping							
	X	X	X	X	X		X	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results							
	X	X	X	X	X		X	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.							
	X	X	X	X	X		X	
11	DMA administers eye and ear medication according to facility policies and procedures							
	X	X	X	X	X		X	
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							
	X	X	X	X	X		X	
13	Medication administration should not interrupted. DO NOT RUSH							
	X	X	X	X	X		X	
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure							
	X	X	X	X	X		X	
15	Residents' rights are observed							
	X	X	X	X	X		X	
16	Location, Procedures and Documenting for administering PRN							
	X	X	X	X	X		X	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)							
	X	X	X	X	X		X	
18	Medications are administered within time frame per facility policy							
	X	X	X	X	X		X	



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

**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

1-18-21  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Home Manager Signature

1/18/21  
 \_\_\_\_\_  
 Date