



Medication Administration In-Service and Evaluation

Name of Facility/Home: Countyline

Employee Receiving In-Service: Tarasia Tate

Date of 1st In-Service*: 11 / 17 / 2020 Time: 9 : 00 (am) / pm

*This is done by a regional nurse

Trainer: Pam Denise / Sheyna

Date of 2nd In-Service: 11 / 21 / 2020 Time: 8 : 00 (am) / pm

Trainer: Natasha Kellar

Date of 3rd In-Service: 11 / 21 / 2020 Time: 2 : 00 am / (pm)

Trainer: Natasha Kellar

Date of 4th In-Service: 11 / 22 / 2020 Time: 8 : 00 (am) / pm

Trainer: Natasha Kellar

Date of 5th In-Service: 11 / 27 / 2020 Time: 8 : 00 (am) / pm

Trainer: Jordan Eldridge

Date of 6th In-Service: 11 / 27 / 2020 Time: 12 : 00 am (pm)

Trainer: Jordan Eldridge

Date of Final Evaluation: 11 / 27 / 2020 Time: 5 : 00 am (pm)

Trainer: Jordan Eldridge

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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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
7		✓			✓		✓	
8		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
9		✓			✓		✓	
		✓			✓		✓	
		✓			✓		✓	
10		✓			✓		✓	
11		✓			✓		✓	
12		✓			✓		✓	
13		✓			✓		✓	
14		✓			✓		✓	
15		✓			✓		✓	
16		✓			✓		✓	
17		✓			✓		✓	
18		✓			✓		✓	



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

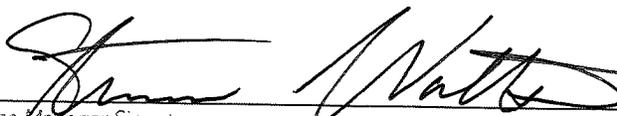
FOLLOW UP CONCERNS

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

11/27/2020
Date


Home Manager Signature

11/27/2020
Date