





## 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          |     |     |     |     |     |     | ✓    |          |
|    | 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           |     |     |     |     |     |     | ✓    |          |
| 20           |     |     |     |     |     |     | ✓    |          |
| 21           |     |     |     |     |     |     | ✓    |          |
| 22           |     |     |     |     |     |     | ✓    |          |
| 23           |     |     |     |     |     |     | ✓    |          |
| 24           |     |     |     |     |     |     | ✓    |          |
| 25           |     |     |     |     |     |     | ✓    |          |
| 26           |     |     |     |     |     |     | ✓    |          |

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

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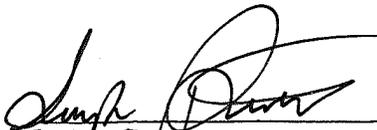


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I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

  
Employee Signature

1/30/21  
Date

  
Home Manager Signature

1-30-21  
Date