



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Anchor Pointe

Employee Receiving In-Service: Martha Maldonado

Date of 1st In-Service*: / / Time: : am / pm Trainer:

*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: 1 / 30 / 21 Time: : am / pm Trainer: Theresa Lawton

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 1	In-Service 2	In-Service 3	In-Service 4	In-Service 5	In-Service 6	Final	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							✓	
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.

Martha Maldonado
Employee Signature

1-30-21
Date

[Signature]
Home Manager Signature

1-30-21
Date