



Medication Administration In-Service and Evaluation

Name of Facility/Home: Carleton

Employee Receiving In-Service: Herbert Buentjen

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: 2/15/21 Time: 8:00 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	
	a. Location of ample supplies prior to administration							X	
	b. Area is clean and organized							X	
	c. Area is always locked							X	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)							X	
2	DMA washes hands prior to administering medications and between each Resident							X	
3	Medication keys are retained by DMA							X	
4	Resident is identified per facility policy and procedure prior							X	
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications							X	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy							X	
	b. If Apical Pulse is required, privacy is provided							X	
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'							X	
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR							X	
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle							X	



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



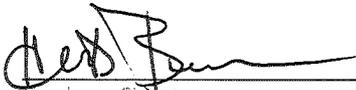
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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19							X	
20							X	
21							X	
22							X	
23							X	
24							X	
25							X	
26							X	

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

2-15-21
 Date


 Home Manager Signature

2-15-21
 Date