



Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon - LAKE ORION

Employee Receiving In-Service: Stephen Bailey

Date of 1st In-Service*: 2 / 10 / 21 Time: 1 : 00 am / pm ☒ Trainer: Training Department

*This is done by a regional nurse

Date of 2nd In-Service: 2 / 10 / 21 Time: 4 : 00 am / pm ☒ Trainer: Training Department

Date of 3rd In-Service: 2 / 12 / 21 Time: 8 : 00 (am) pm Trainer: Passeo

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: / / Time: : am / pm Trainer:

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



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6								
c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	X	X	✓					
d. Observe Resident to ensure medication is swallowed	X	X	✓					
e. Offer adequate and appropriate fluid with medication	X	X	✓					
f. Medication record is signed immediately after administration of same	X	X	✓					
g. Controlled substance record is signed immediately after administration of same	X	X	✓					
h. Correct dose is administered	X	X	✓					
i. Medication is administered at correct time	X	X	✓					
j. Verify no additional MAR pages have been added	X	X	✓					
7								
Infection control technique is reviewed	X	X	✓					
8								
Medication via gastric tube administered per facility policy and procedure (if applicable)	X	X	✓					
a. Resident is properly positioned, at a 45° sitting angle	X	X	✓					
b. Tube is checked for placement and patency	X	X	✓					
c. Tube is flushed before, between and after medications are administered	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	✓					
a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	X	X	✓					
b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	X	X	✓					
10								
DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	X	X	✓					
11								
DMA administers eye and ear medication according to facility policies and procedures	X	X	✓					
12								
Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	X	X	✓					
13								
Medication administration should not interrupted. DO NOT RUSH	X	X	✓					
14								
Controlled drugs are stored (Double Locked) according to facility policy and procedure	X	X	✓					
15								
Residents' rights are observed	X	X	✓					
16								
Location, Procedures and Documenting for administering PRN	X	X	✓					
17								
Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	X	X	✓					
18								
Medications are administered within time frame per facility policy	X	X	✓					



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

2-12-21
Date


Home Manager Signature

2/12/21
Date