

Medication Administration In-Service and Evaluation

Name of Facility/Home: Mission Point
 Employee Receiving In-Service: Lynn Rogers

Date of 1st In-Service*: 3/22/21 Time: 4:00 am / pm am Trainer: Jennifer McElanahan
 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:

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
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							✓	
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							✓	

Home Manager Signature: Jennifer McCombs
 Employee Signature: Dyann Rogers

Date: 3/22/21
 Date: 3/22/21

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.

Specify time frame for completion: N/A

FOLLOW UP CONCERNS

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19							✓	Medication errors are reported to Home Manager and RN teaching medication classes
20							✓	Medication area is cleaned and locked after completion of medication administration
21							✓	Designated Medication Administrator can identify action and common side effects of medications administered
22							✓	Approved Abbreviations List is reviewed
23							✓	Seizure precautions and documentation
24							✓	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer
25							✓	2nd Staff Verification, what it is, when it is needed, and how to document it
26							✓	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)

