



Medication Administration In-Service and Evaluation

Name of Facility/Home: Cantylane

Employee Receiving In-Service: Destiny Beckon

Date of 1st In-Service*: 12 / 1 / 20 Time: _____ am / pm Trainer: DMA

Date of 2nd In-Service: 4 / 5 / 21 Time: 12:00 am / pm Trainer: T. Pittman

Date of 3rd In-Service: 4 / 6 / 21 Time: 8:00 pm Trainer: T. Pittman

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: 4 / 8 / 21 Time: 4:00 am / pm Trainer: Jesse

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			✓	✓			✓	
	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			✓	✓			✓	reviewed
	a. If Pulse and BP are required, hands and equipment are washed per facility policy			✓	✓			✓	reviewed
	b. If Apical Pulse is required, privacy is provided								reviewed
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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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
7			✓	✓			✓	
8							X	reviewed
							+	reviewed
							X	reviewed
							+	reviewed
9			✓	✓			✓	
			✓	✓			✓	
			✓	✓			✓	
10								reviewed
11								reviewed
12			✓	✓			✓	
13			✓	✓			✓	
14			✓	✓			✓	
15			✓	✓			✓	
16			✓	✓			✓	
17			✓	✓			✓	
18			✓	✓			✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19			✓	✓			✓	
20			✓	✓			✓	
21			✓	✓			✓	
22			✓	✓			✓	
23				✓			✓	reviewed
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.

Deshay Beehore
Employee Signature

4-8-2021
Date

Jayla C
Home Manager Signature

4-8-2021
Date