



Medication Administration In-Service and Evaluation

Name of Facility/Home: Lantern Bay Breakwater

Employee Receiving In-Service: Omya Carter

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: 3/30/21 Time: 12:00 am / pm Trainer: Roberta Clemons

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 | | | | | | | ✓ | |
| | a. If Pulse and BP are required, hands and equipment are washed per facility policy | | | | | | | ✓ | |
| | b. If Apical Pulse is required, privacy is provided | | | | | | | ✓ | discussed |
| 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 | | | | | | | ✓ | |



Medication Administration In-Service and Evaluation

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



Medication Administration In-Service and Evaluation

| In-Service # | 1st | 2nd | 3rd | 4th | 5th | 6th | Eval. | Comments |
|--------------|-----|-----|-----|-----|-----|-----|-------|----------|
| 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.


Employee Signature

3/30/21
Date


Home Manager Signature

3/30/21
Date