



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Lanter Bay Breakwater

Employee Receiving In-Service: Rodolfo Serratos

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 / 31 / 2021 Time: 8:00 am / pm Trainer: Roberto 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								✓	<i>discussed</i>
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							✓	<i>discussed</i>
							✓	<i>discussed</i>
							✓	<i>discussed</i>
							✓	<i>discussed</i>
9							✓	
							✓	
							✓	
10							✓	
11							✓	
12							✓	
13							✓	
14							✓	
15							✓	
16							✓	
17							✓	
18							✓	



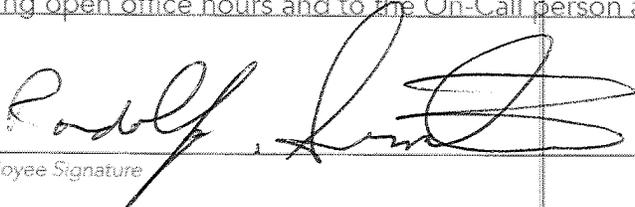
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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19							✓	
20							✓	
21							✓	
22							✓	
23							✓	
24							✓	
25							✓	
26							✓	

### 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

3-31-2021  
Date

  
Home Manager Signature

3-31-2021  
Date