



Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon Home At Ludington

Employee Receiving In-Service: Raylin Chaney

Date of 1st In-Service: 1 / 27 / 21 Time: 1 : 00 am / pm Trainer: Training Department

Date of 2nd In-Service: 1 / 27 / 21 Time: 3 : 00 am / pm Trainer: Training Department

Date of 3rd In-Service: 2 / 3 / 21 Time: 8 : 00 am / pm Trainer: Ashley Kelsey

Date of 4th In-Service: 2 / 3 / 21 Time: 8 : 00 am / pm Trainer: Ashley Kelsey

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: 1 / 4 / 21 Time: 8 : 00 am / pm Trainer: Ashley Kelsey

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 | | ✓ | ✓ | ✓ | ✓ | | | ✓ | |
| 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 | c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | d. Observe Resident to ensure medication is swallowed | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | e. Offer adequate and appropriate fluid with medication | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | f. Medication record is signed immediately after administration of same | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | g. Controlled substance record is signed immediately after administration of same | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | h. Correct dose is administered | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | i. Medication is administered at correct time | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | j. Verify no additional MAR pages have been added | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7 | Infection control technique is reviewed | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8 | Medication via gastric tube administered per facility policy and procedure (if applicable) | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | a. Resident is properly positioned, at a 45° sitting angle | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | b. Tube is checked for placement and patency | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | c. Tube is flushed before, between and after medications are administered | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9 | Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10 | DMA crushes medication according to facility policy and procedure ONLY with physician's orders. | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11 | DMA administers eye and ear medication according to facility policies and procedures | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 12 | Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported. | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13 | Medication administration should not interrupted. DO NOT RUSH | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 14 | Controlled drugs are stored (Double Locked) according to facility policy and procedure | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15 | Residents' rights are observed | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16 | Location, Procedures and Documenting for administering PRN | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 17 | Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written) | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 18 | Medications are administered within time frame per facility policy | | | | | | | |
| | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |



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| In-Service # | | 1st | 2nd | 3rd | 4th | 5th | 6th | Eval. | Comments |
|--------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|----------|
| 19 | Medication errors are reported to Site Supervisor and RN teaching medication classes | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 20 | Medication area is cleaned and locked after completion of medication administration | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 21 | Designated Medication Administrator can identify action and common side effects of medications administered | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 22 | Approved Abbreviations List is reviewed | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 23 | Seizure precautions and documentation | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 24 | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 25 | 2nd Staff Verification, what it is, when it is needed, and how to document it | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 26 | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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.

Haylin Chazy
Employee Signature

3-10-21
Date

[Signature]
Home Manager Signature

1/4/21
Date

| | |
|--------------|-----------------------------|
| DRUG NAME | ADVAIR |
| GENERIC NAME | Fluticasone |
| DOSAGE RANGE | 230/21 Twice daily |
| HOW TO TAKE | Inhalent |
| USES | Reduces Swelling in Airways |
| SIDE EFFECTS | Beware of Allergies |
| WARNINGS | steroid |

| | |
|--------------|--|
| DRUG NAME | CRESTOR |
| GENERIC NAME | Rosuvastatin |
| DOSAGE RANGE | 10mg |
| HOW TO TAKE | Tablet by mouth |
| USES | For High cholesterol |
| SIDE EFFECTS | headache, depression, joint pain, nausea |
| WARNINGS | Don't take with alcohol |

| | |
|--------------|--------------------------------|
| DRUG NAME | APIDRA |
| GENERIC NAME | glisine |
| DOSAGE RANGE | .05 to 1 unit daily |
| HOW TO TAKE | Injection |
| USES | diabetes |
| SIDE EFFECTS | Beware of Allergies |
| WARNINGS | Don't take for low blood sugar |

| | |
|--------------|--|
| DRUG NAME | Topamax |
| GENERIC NAME | Topiramate |
| DOSAGE RANGE | 25 to 50mg daily |
| HOW TO TAKE | Tablet |
| USES | Migraines & Seizures |
| SIDE EFFECTS | Tiredness, dizziness, nervousness, tingly hands & feet |
| WARNINGS | Don't take with Alcohol |

| | |
|--------------|---|
| DRUG NAME | Toprol |
| GENERIC NAME | Lopressor |
| DOSAGE RANGE | 25mg to 100mg daily |
| HOW TO TAKE | Oral |
| USES | Beta blocker |
| SIDE EFFECTS | dizziness, tiredness, dry mouth, stomach pain |
| WARNINGS | Don't take with Alcohol |

| | |
|--------------|--|
| DRUG NAME | ABILIFY |
| GENERIC NAME | ARIPIPRAZOLE |
| DOSAGE RANGE | 10 to 30mg daily |
| HOW TO TAKE | ORAL |
| USES | MOOD DISORDER, BIPOLAR DISORDER, SCHIZOPHRENIA, TOURETTES |
| SIDE EFFECTS | DIZZINESS, LIGHTHEADEDNESS, NAUSEA, VOMITING, BLURRED VISION |
| WARNINGS | Don't take with Alcohol |

| | |
|--------------|-------------------------------------|
| DRUG NAME | ATIVAN |
| GENERIC NAME | LORAZEPAM |
| DOSAGE RANGE | .05 - 10mg dose |
| HOW TO TAKE | ORAL |
| USES | SHORT-TERM TREATMENT FOR EPILEPSY |
| SIDE EFFECTS | DIZZINESS, SLEEPY, HEADACHE, NAUSEA |
| WARNINGS | Don't take with Alcohol |

| | |
|--------------|---------------------------------|
| DRUG NAME | CLOZARIL |
| GENERIC NAME | Clozapine |
| DOSAGE RANGE | 25mg - 50mg |
| HOW TO TAKE | Oral |
| USES | Schizophrenia |
| SIDE EFFECTS | DROOLING, drowsiness, dizziness |
| WARNINGS | Don't take with Alcohol |

| | |
|--------------|-------------------------------------|
| DRUG NAME | DEPAKOTE |
| GENERIC NAME | Divalproex |
| DOSAGE RANGE | 250mg - 750mg daily |
| HOW TO TAKE | Oral |
| USES | Migraines & Bipolar |
| SIDE EFFECTS | Liver disease |
| WARNINGS | Don't take with Alcohol or pregnant |

| | |
|--------------|--------------------------|
| DRUG NAME | HALDOL |
| GENERIC NAME | Haloperidol |
| DOSAGE RANGE | .25 - .50 mg |
| HOW TO TAKE | Injection |
| USES | Various Mental disorders |
| SIDE EFFECTS | THIRSTY FAST HEART RATE |
| WARNINGS | Don't mix with Alcohol |