



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Jackson Home

Employee Receiving In-Service: Kyanna Hardman

Date of 1st In-Service: 3 / 17 / 21 Time: 8 : 00 am / pm Trainer: Learning & Development

Date of 2nd In-Service: 3 / 17 / 21 Time: 11 : 00 am Trainer: Learning & Development

Date of 3rd In-Service: 4 / 16 / 21 Time: 7 : 00 am pm Trainer: Anne Staler

Date of 4th In-Service: / / Time: : am Trainer:

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

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

Date of Final Evaluation: / / 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.

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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6								
c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	☒	☒	☒	☐	☐	☐	☐	
d. Observe Resident to ensure medication is swallowed	☒	☒	☒	☐	☐	☐	☐	
e. Offer adequate and appropriate fluid with medication	☒	☒	☒	☐	☐	☐	☐	
f. Medication record is signed immediately after administration of same	☒	☒	☒	☐	☐	☐	☐	
g. Controlled substance record is signed immediately after administration of same	☒	☒	☒	☐	☐	☐	☐	
h. Correct dose is administered	☒	☒	☒	☐	☐	☐	☐	
i. Medication is administered at correct time	☒	☒	☒	☐	☐	☐	☐	
j. Verify no additional MAR pages have been added	☒	☒	☒	☐	☐	☐	☐	
7								
Infection control technique is reviewed	☒	☒	☒	☐	☐	☐	☐	
8								
Medication via gastric tube administered per facility policy and procedure (if applicable)	☒	☒	☒	☐	☐	☐	☐	
a. Resident is properly positioned, at a 45° sitting angle	☒	☒	☒	☐	☐	☐	☐	
b. Tube is checked for placement and patency	☒	☒	☒	☐	☐	☐	☐	
c. Tube is flushed before, between and after medications are administered	☒	☒	☒	☐	☐	☐	☐	
9								
Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	☒	☒	☒	☐	☐	☐	☐	
a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	☒	☒	☒	☐	☐	☐	☐	
b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	☒	☒	☒	☐	☐	☐	☐	
10								
DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	☒	☒	☒	☐	☐	☐	☐	
11								
DMA administers eye and ear medication according to facility policies and procedures	☒	☒	☒	☐	☐	☐	☐	
12								
Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	☒	☒	☒	☐	☐	☐	☐	
13								
Medication administration should not interrupted. DO NOT RUSH	☒	☒	☒	☐	☐	☐	☐	
14								
Controlled drugs are stored (Double Locked) according to facility policy and procedure	☒	☒	☒	☐	☐	☐	☐	
15								
Residents' rights are observed	☒	☒	☒	☐	☐	☐	☐	
16								
Location, Procedures and Documenting for administering PRN	☒	☒	☒	☐	☐	☐	☐	
17								
Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	☒	☒	☒	☐	☐	☐	☐	
18								
Medications are administered within time frame per facility policy	☒	☒	☒	☐	☐	☐	☐	



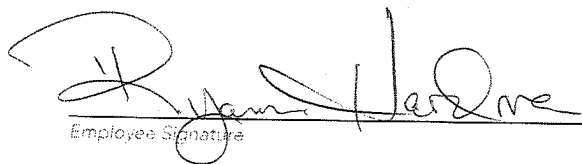
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19 Medication errors are reported to Site Supervisor and RN teaching medication classes	☒	☒	☒	☐	☐	☐	☐	
20 Medication area is cleaned and locked after completion of medication administration	☒	☒	☒	☐	☐	☐	☐	
21 Designated Medication Administrator can 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 Guide to Drugs Book	☒	☒	☒	☐	☐	☐	☐	
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)	☒	☒	☒	☐	☐	☐	☐	

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

4-16-21
Date


Home Manager Signature

4-16-21
Date