



Medication Administration In-Service and Evaluation

Name of Facility/Home: County Care Home

Employee Receiving In-Service: Chloe Davis

Date of 1st In-Service*: 4/14/21 Time: 1:00 am / pm Trainer: DMA
*This is done by a regional nurse

Date of 2nd In-Service: 4/18/21 Time: 6:00 am / pm Trainer: JLS

Date of 3rd In-Service: 4/18/21 Time: 8:00 am / pm Trainer: F. 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: 4/21/21 Time: 8:00 am / pm Trainer: JLS

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	X				X	
		X	X				X	
		X	X				X	
		X	X				X	
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	Medication errors are reported to Home Manager 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 Epocrates link on staff computer		✓	✓				✓	
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

4-23-21
Date


Home Manager Signature

4-23-21
Date