Codes

1217
1109
0917

BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Christina Normandin

Employee Receiving In-Service: Blue Lake

Date of 1st In-Service: 4/21/21 Time: 1:00 am / (pm) Trainer: Learning + Develop.

Date of 2nd In-Service: 4/21/21 Time: 5:00 am / (pm) Trainer: Learning + Develop.

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: 5/12/21 Time: 7:00 (am) / pm ~~Trainer:~~ K. Pierce

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)	☐	☐	☐	☐	☐	☐	1	
	a. Resident is properly positioned, at a 45° sitting angle	☐	☐	☐	☐	☐	☐	☑	
	b. Tube is checked for placement and patency	☐	☐	☐	☐	☐	☐	1	
	c. Tube is flushed before, between and after medications are administered	☐	☐	☐	☐	☐	☐	1	
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.

Christina Narmandi — 5/12/2021

Employee Signature — *Date*

[signature] — 5/12/21

Home Manager Signature — *Date*