

John [Signature]



Medication Administration In-Service and Evaluation

Name of Facility/Home: County Line Home

Employee Receiving In-Service: Arlona Baker

Date of 1st In-Service*: 5/4/21 Time: 9:00 am / pm Trainer: DMA

Date of 2nd In-Service: 5/11/21 Time: 7:00 am / pm Trainer: Jake Wilson

Date of 3rd In-Service: 5/13/21 Time: 8:00 am / pm Trainer: T. 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: 5/18/21 Time: 8:00 am / pm Trainer: T. Pittman

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

May-19-21

Date

Home Manager Signature

May 20, 2021

Date