



Medication Administration In-Service and Evaluation

	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 type="checkbox"/>	<input checked="" type="checkbox"/>						
	d. Observe Resident to ensure medication is swallowed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	e. Offer adequate and appropriate fluid with medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	f. Medication record is signed immediately after administration of same	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	g. Controlled substance record is signed immediately after administration of same	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	h. Correct dose is administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	i. Medication is administered at correct time	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	j. Verify no additional MAR pages have been added	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
7	Infection control technique is reviewed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input type="checkbox"/>	NA						
	a. Resident is properly positioned, at a 45° sitting angle	<input type="checkbox"/>	NA						
	b. Tube is checked for placement and patency	<input type="checkbox"/>	NA						
	c. Tube is flushed before, between and after medications are administered	<input type="checkbox"/>	NA						
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<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 type="checkbox"/>	<input checked="" type="checkbox"/>						
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
11	DMA administers eye and ear medication according to facility policies and procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
13	Medication administration should not interrupted. DO NOT RUSH	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
15	Residents' rights are observed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
16	Location, Procedures and Documenting for administering PRN	<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 type="checkbox"/>	<input checked="" type="checkbox"/>						
18	Medications are administered within time frame per facility policy	<input type="checkbox"/>	<input checked="" type="checkbox"/>						



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

A Warren
Employee Signature

6-7-21
Date

Patti Miller
Home Manager Signature

06/07/2021
Date