BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Schoolcraft South

Employee Receiving In-Service: LaWayne Warren

Date of 1st In-Service: ___/___/___ Time: ___:___ am / pm Trainer: _____

Date of 2nd In-Service: ___/___/___ Time: ___:___ am / pm Trainer: _____

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: 06 / 07 / 21 Time: 8 : ___ am / pm Trainer: Patti Miller

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							✓	