BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: _____

Employee Receiving In-Service: **Cheryl Shook**

Date of 1st In-Service: **3** /**24** /**21** Time: **1** : **00** am Trainer: Learning & Development

Date of 2nd In-Service: **3** /**24** /**21** Time: **5** : **00** am / pm Trainer: Learning & Development

Date of 3rd In-Service: ___/___/___ Time: ___:___ am Trainer: _____

Date of 4th In-Service: ___/___/___ Time: ___:___ am / pm Trainer: _____

Date of 5th In-Service: ___/___/___ Time: ___:___ am Trainer: _____

Date of 6th In-Service: ___/___/___ Time: ___:___ am / pm Trainer: _____

Date of Final Evaluation: **6 / 9 /21** Time: **12:00** am / **pm** Trainer: *M. Betancourt*

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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	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)	✔	✔					✔	
	a. Resident is properly positioned, at a 45° sitting angle	✔	✔					✔	
	b. Tube is checked for placement and patency	✔	✔					✔	
	c. Tube is flushed before, between and after medications are administered	✔	✔					✔	
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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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
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

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_____

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 <u>Coordinator of Care at my Site during open office hours and to the On-Call person after hours</u>.

_____   6.9.21
Employee Signature   Date

_____   6.9.21
Home Manager Signature   Date