BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: **Bunkhouse**

Employee Receiving In-Service: **Heather Colons**

Date of 1st In-Service:	**4 / 21 / 21**	Time: **8:00** (am) pm	Trainer: _M. Bee_
Date of 2nd In-Service:	**4 / 23 / 21**	Time: **8:00** am / pm	Trainer: _Mitch_
Date of 3rd In-Service:	**4 / 29 / 21**	Time: **8:00** (am) pm	Trainer: _Mitch_
Date of 4th In-Service:	**5 / 5 / 21**	Time: **8:00** (am) pm	Trainer: _M. R._
Date of 5th In-Service:	/ /	Time: : am / pm	Trainer:
Date of 6th In-Service:	/ /	Time: : am / pm	Trainer:
Date of Final Evaluation:	**5 / 5 / 21**	Time: **8:00** (am) pm	Trainer: _M. R._

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
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.

_____   5-6-21
Employee Signature   Date

_____   5-6-21
Home Manager Signature   Date