4462
8846
3251

BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Bunkhouse

Employee Receiving In-Service: Scott Hicks

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: 4/15/21 Time: 12:00 am / pm Trainer: Mandy B

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.

A. Nash
Employee Signature

4-15-21
Date

N. Bell
Home Manager Signature

4-15-21
Date