BEACON
Specialized Living

2339
8746
7752

Medication Administration In-Service and Evaluation

Name of Facility/Home: **Bunkhouse**

Employee Receiving In-Service: **Brenda Jensen**

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: **3 /25/21** Time: **8:00** (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							√	

Medication Administration In-Service and Evaluation

	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.

Brenda Jensen   3/26/21
Employee Signature   Date

(signature)   3.26.21
Home Manager Signature   Date