



Medication Administration In-Service and Evaluation

Name of Facility/Home: Hartford

Employee Receiving In-Service: Andrea Terry

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

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

Date of 3rd In-Service: 04 / 12 / 21 Time: 8 : 00 am / pm Trainer: Alicia Garcia

Date of 4th In-Service: 4 / 28 / 21 Time: 9 : 00 am / pm Trainer: Victoria Brown

Date of 5th In-Service: 5 / 4 / 21 Time: 9 : 00 am / pm Trainer: Victoria Brown

Date of 6th In-Service: 1 / 1 Time: 1 : 00 am / pm Trainer: _____

Date of Final Evaluation: 5 / 13 / 21 Time: 8 : 00 am / pm Trainer: Victoria Brown

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	<input checked="" type="checkbox"/>							
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>							
	b. Area is clean and organized	<input checked="" type="checkbox"/>							
	c. Area is always locked	<input checked="" type="checkbox"/>							
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>							
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>							
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>							
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>							
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications	<input checked="" type="checkbox"/>							
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	<input checked="" type="checkbox"/>							
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>							
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	<input checked="" type="checkbox"/>							
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR	<input checked="" type="checkbox"/>							
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	<input checked="" type="checkbox"/>							



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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	<input checked="" type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>							
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	h. Correct dose is administered	<input checked="" type="checkbox"/>							
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>							
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>							
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	Discussed ↓						
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>							
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>							
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<input checked="" type="checkbox"/>	↓						
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input checked="" type="checkbox"/>							
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input checked="" type="checkbox"/>							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>							
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>							
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>							
15	Residents' rights are observed	<input checked="" type="checkbox"/>							
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>							
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input checked="" type="checkbox"/>							
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>							



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19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>							
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>							
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>							
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>							
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>							
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>							
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>							
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>							

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.

Andrea Ferry
Employee Signature

5/20/21
Date

UBoren
Home Manager Signature

5-20-21
Date

DRUG NAME	Proventi 1 HFA
GENERIC NAME	Albuterol inhaled
DOSAGE RANGE	90 Mcg Per actuation
HOW TO TAKE	take by mouth and 2 puff
USES	
SIDE EFFECTS	Shaking, headache, nausea, dizziness, cough
WARNINGS	

DRUG NAME	Zantac
GENERIC NAME	Ranitidine
DOSAGE RANGE	tablet: 75mg, 150mg, 300mg
HOW TO TAKE	take 1 tablet by mouth with glass of water
USES	to treat ulcers of the stomach
SIDE EFFECTS	Dizziness, Headache, Diarrhea, Constipation
WARNINGS	

DRUG NAME	Norc O
GENERIC NAME	Hydrocodone
DOSAGE RANGE	5/325
HOW TO TAKE	1 tablet every 6 hour
USES	relieve moderate to severe pain
SIDE EFFECTS	anxiety, nausea, vomiting, Constipation
WARNINGS	

DRUG NAME	TOPamax
GENERIC NAME	topiramate
DOSAGE RANGE	2.5 to 6mg/kg/day
HOW TO TAKE	take 1 tablet by mouth
USES	approved for the treatment of seizures
SIDE EFFECTS	dizziness, diarrhea, weight loss
WARNINGS	

DRUG NAME	Lipitor
GENERIC NAME	Atorvastatin
DOSAGE RANGE	10-80mg PO
HOW TO TAKE	1 day by mouth
USES	lowers cholesterol in the blood
SIDE EFFECTS	Constipation, Diarrhea, nausea, gas, fatigue, heartburn
WARNINGS	

DRUG NAME	Utram
GENERIC NAME	tramadol
DOSAGE RANGE	50 mg oral tablets
HOW TO TAKE	Least moderate severe pain take 1 tablet by mouth
USES	50 mg oral tablets treat moderate severe pain
SIDE EFFECTS	dry mouth, constipation, dizziness, nausea, headache
WARNINGS	

DRUG NAME	Synthroid
GENERIC NAME	Levothyroxine
DOSAGE RANGE	12.5 - 25 mcg
HOW TO TAKE	take on a empty stomach wait 30 min to 1 hr before eating
USES	it provides more thyroid hormone
SIDE EFFECTS	fever, headache, nausea, hot flashes
WARNINGS	

DRUG NAME	Byetta
GENERIC NAME	exenatide
DOSAGE RANGE	10 mcg
HOW TO TAKE	injected twice a day before morning evening meals
USES	Control high blood sugar
SIDE EFFECTS	nausea, vomiting, diarrhea, weight loss
WARNINGS	

DRUG NAME	Keppra
GENERIC NAME	Levetiracetam
DOSAGE RANGE	30 mg/kg
HOW TO TAKE	take 2 times a day once in morning and evening
USES	Partial onset seizures
SIDE EFFECTS	anxiety, fever, headache, lower back or side Pain
WARNINGS	

DRUG NAME	Depakote
GENERIC NAME	Divalproex Sodium
DOSAGE RANGE	250 mg
HOW TO TAKE	Swallow whole or Sprinkle onto Food
USES	treat manic episodes associated with bipolar disorder, epilepsy
SIDE EFFECTS	depression, Jaundice, vomiting, anxiety, dark urine, upper stomach Pain
WARNINGS	