



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Martemucci

Employee Receiving In-Service: Greg Eubanks

Date of 1st In-Service: 3 / 31 / 21 Time: 8 : 00 am Trainer: Learning & Development

Date of 2nd In-Service: 3 / 31 / 21 Time: 12 : 00 am Trainer: Learning & Development

Date of 3rd In-Service: 4 / 6 / 21 Time: 8 : 00 am / pm Trainer: J. Shephard

Date of 4th In-Service: 4 / 8 / 21 Time: 8 : 00 am / pm Trainer: J. Shephard

Date of 5th In-Service: 4 / 13 / 21 Time: 8 : 00 am / pm Trainer: J. Shephard

Date of 6th In-Service: 6 / 21 / 21 Time: 8 : 00 am / pm Trainer: J. Shephard

Date of Final Evaluation:     /    /     Time:     :     am / pm Trainer:     

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



## Medication Administration In-Service and Evaluation

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



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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                        |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 20 | Medication area is cleaned and locked after completion of medication administration                         |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 21 | Designated Medication Administrator can identify action and common side effects of medications administered |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 22 | Approved Abbreviations List is reviewed                                                                     |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | NONE     |
| 23 | Seizure precautions and documentation                                                                       |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 24 | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book             |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 25 | 2nd Staff Verification, what it is, when it is needed, and how to document it                               |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |
| 26 | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)                     |              | <input checked="" type="checkbox"/> | <input type="checkbox"/> |          |

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

\_\_\_\_\_

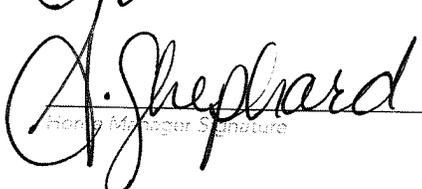
\_\_\_\_\_

\_\_\_\_\_

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.

  
 \_\_\_\_\_  
 Employer Signature

6/23/21  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Home Manager Signature

6/23/21  
 \_\_\_\_\_  
 Date



Medication Administration In-Service and Evaluation

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| 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                                                         | ✓   | ✓   |     |     |     |     |       |          |
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| 13 | Medication administration should not interrupted. DO NOT RUSH                                                                     | ✓   | ✓   |     |     |     |     |       |          |
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