

Medication Administration In-Service and Evaluation

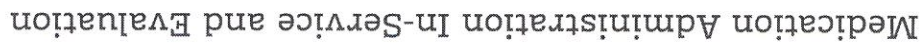
Name of Facility/Home: Sandhurst
Employee Receiving In-Service: Martha Perry

Date of 1st In-Service*: 7/27/21 Time: 5:00 am / pm Trainer: CDeFille
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: 7/27/21 Time: 5:00 am / pm Trainer: CDeFille

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

1	Medication Area										In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
	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)	DMA washes hands prior to administering medications and between each Resident	Medication keys are retained by DMA	Resident is identified per facility policy and procedure prior	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	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						
2	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19							✓	Medication errors are reported to Home Manager and RN
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 Epocrates link on staff computer
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.

Employee Signature
Mont Perry

Home Manager Signature
DMA TT

Date
7/27/21

Date
7/27/21