



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Trolley

Employee Receiving In-Service: Mon Kingi Allen

Date of 1st In-Service: 06 / 10 / 21 Time: 1 : 00p am / pm Trainer: Learning and Devenlopment

Date of 2nd In-Service: 06 / 10 / 21 Time: 3 : 00p am / pm Trainer: Learning and Development

Date of 3rd In-Service: 07 / 15 / 21 Time: 8 : 00 am / pm Trainer: Felisha Battice

Date of 4th In-Service: 07 / 19 / 21 Time: 4 : 00 am / pm Trainer: Felisha Battice

Date of 5th In-Service: 07 / 19 / 21 Time: 8 : 00 am / pm Trainer: Felisha Battice

Date of 6th In-Service: 07 / 21 / 21 Time: 8 : 00 am / pm Trainer: Felisha Battice

Date of Final Evaluation: 07 / 21 / 21 Time: 4 : 00 am / pm Trainer: Felisha Battice

**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"/>							



## 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	<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.

N. A. New  
Employee Signature

7-21-21  
Date

[Signature]  
Home Manager Signature

7-20-21  
Date