BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Clarkston

Employee Receiving In-Service: Deborah Battle

Date of 1st In-Service*: ___/___/___ Time: ___:___ am / pm Trainer: _____
*This is done by a regional nurse

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: ___/___/___ Time: 8:00 am / pm Trainer: Kaitlin Dickerson

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

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

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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager 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 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.

Deborah [illegible] — 8/6/21

Employee Signature — *Date*

Kathy [illegible] — 8/6/2021

Home Manager Signature — *Date*