



Medication Administration In-Service and Evaluation

Name of Facility/Home: Stanton Lodge

Employee Receiving In-Service: Andrew Canaca

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: 8/9/2021 Time: 4: 00 am / (pm) Trainer: Adrianna Pantano

Date of 4th In-Service: 8/20/2021 Time: 4: 00 am / (pm) Trainer: Ashley Pearson

Date of 5th In-Service: 8/23/2021 Time: 12: 00 am / (pm) Trainer: Adrianna Pantano

Date of 6th In-Service: 8/25/2021 Time: 8: 00 am / (pm) Trainer: Adrianna Pantano

Date of Final Evaluation: 8/30/2021 Time: 4: 00 am / (pm) Trainer: Adrianna Pantano

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			✓	✓	✓	✓	✓	
	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)			✓	✓	✓	✓	✓	
2	DMA washes hands prior to administering medications and between each Resident			✓	✓	✓	✓	✓	
3	Medication keys are retained by DMA			✓	✓	✓	✓	✓	
4	Resident is identified per facility policy and procedure prior			✓	✓	✓	✓	✓	
5	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			✓	✓	✓	✓	✓	
6	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			✓	✓	✓	✓	✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
7			✓	✓	✓	✓	✓	
8			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
9			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
			✓	✓	✓	✓	✓	
10			✓	✓	✓	✓	✓	
11			✓	✓	✓	✓	✓	
12			✓	✓	✓	✓	✓	
13			✓	✓	✓	✓	✓	
14			✓	✓	✓	✓	✓	
15			✓	✓	✓	✓	✓	
16			✓	✓	✓	✓	✓	
17			✓	✓	✓	✓	✓	
18			✓	✓	✓	✓	✓	



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19			✓	✓	✓	✓	✓	
20			✓	✓	✓	✓	✓	
21			✓	✓	✓	✓	✓	
22			✓	✓	✓	✓	✓	
23			✓	✓	✓	✓	✓	
24			✓	✓	✓	✓	✓	
25			✓	✓	✓	✓	✓	
26			✓	✓	✓	✓	✓	

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.

Allyson Canan
Employee Signature

8.30.21
Date

Ashley Pearson
Home Manager Signature

8/30/2021
Date