



Medication Administration In-Service and Evaluation

Name of Facility/Home: Linden

Employee Receiving In-Service: Setondji Boko

Date of 1st In-Service*: 8/9/21 Time: 8 am / pm Trainer: Michele
*This is done by a regional nurse

Date of 2nd In-Service: 8/16/21 Time: 8 : am / pm Trainer: Michele

Date of 3rd In-Service: 8/19/21 Time: 8 : am / pm Trainer: Michele

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: : 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 | ✓ | ✓ | ✓ | | | | | |
| | 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 | ✓ | ✓ | ✓ | | | | | |



Medication Administration In-Service and Evaluation

| | 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.



 Employee Signature

8/19/21

 Date



 Home Manager Signature

8/19/21

 Date