



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Chesterford

Employee Receiving In-Service: Cassandra Mulline

Date of 1st In-Service\*: 8 / 30 / 21 Time: 8 : (am) pm Trainer: Pbramy  
\*This is done by a regional nurse

Date of 2nd In-Service: 9 / 1 / 21 Time: 10 : (am) pm Trainer: Pbramy

Date of 3rd In-Service: 9 / 1 / 21 Time: 2 : (pm) Trainer: Pbramy

Date of 4th In-Service: 9 / 2 / 21 Time: 8 : (am) pm Trainer: Pbramy

Date of 5th In-Service: 9 / 3 / 21 Time: 8 : (pm) Trainer: Pbramy

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		✓	✓	✓	✓	✓	✓		





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



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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.

*error*

*P. Brantley*  
Employee Signature

9.4.21  
Date

*P. Brantley*

Home Manager Signature

9.4.21  
Date

DRUG NAME	Buspar (Buspirone)
GENERIC NAME	Buspar
DOSAGE RANGE	15mg
HOW TO TAKE	by mouth
USES	anxiety
SIDE EFFECTS	chest pains, confusion, fever, depression
WARNINGS	dizziness, drowsy, headache

DRUG NAME	Carvedilol
GENERIC NAME	Coreg
DOSAGE RANGE	20mg
HOW TO TAKE	by mouth
USES	blood pressure
SIDE EFFECTS	tired, weakness, headache, vomiting
WARNINGS	rash/hives, itchy, blistering, fever

DRUG NAME	Levothyroxine
GENERIC NAME	Synthoid
DOSAGE RANGE	25 mcg
HOW TO TAKE	by mouth
USES	thyroid hormones
SIDE EFFECTS	headache, vomiting, diarrhea, fever,
WARNINGS	chest pain, irritability, anxiety

DRUG NAME	Tamsulosin
GENERIC NAME	Flomax
DOSAGE RANGE	0.4 mg
HOW TO TAKE	by mouth
USES	urinary retention (enlarged prostate)
SIDE EFFECTS	drop in blood pressure, dizziness, fainting
WARNINGS	hypersensitivity, lightheaded, fainting, can cause liver disease.

DRUG NAME	Clonidine HCL
GENERIC NAME	Capras
DOSAGE RANGE	.1 mg
HOW TO TAKE	by mouth
USES	high blood pressure, treats ADHD
SIDE EFFECTS	anxiety, burning, chest pain, dryness
WARNINGS	Rash, itching severe allergic reaction

DRUG NAME	Oxcarbazepine
GENERIC NAME	Trileptal
DOSAGE RANGE	300 mg
HOW TO TAKE	by mouth
USES	anxiety, seizures
SIDE EFFECTS	double vision, balance, cough, dizziness
WARNINGS	trouble sleeping, stomach pain, headache

DRUG NAME	Benzotropine mesulate
GENERIC NAME	Cogentin
DOSAGE RANGE	0.5 mg
HOW TO TAKE	by mouth
USES	for side effects, and parkinson disease
SIDE EFFECTS	dry mouth, pain when urinating, constipation,
WARNINGS	dry mouth, pain when urinating

DRUG NAME	Hydrochlorothiazide
GENERIC NAME	microzide
DOSAGE RANGE	12.5 mg
HOW TO TAKE	by mouth
USES	blood pressure
SIDE EFFECTS	dizziness, headache, cough, tired
WARNINGS	dry mouth, weakness, tired, thirst

DRUG NAME	Divalproex EC
GENERIC NAME	Depakote
DOSAGE RANGE	500 mg
HOW TO TAKE	by mouth
USES	mood stabilization, seizures
SIDE EFFECTS	drowsiness, diarrhea, hairless, blurred / double vision
WARNINGS	weight changes, ringing in ear, partial pill in stool

DRUG NAME	metformin / HCL
GENERIC NAME	Riomet, Glucophage, Glumetza
DOSAGE RANGE	500 mg
HOW TO TAKE	by mouth
USES	Diabetes - type 2
SIDE EFFECTS	nausea, vomiting, stomach upset, weakness
WARNINGS	lactic acidosis rare but serious, black box warning

Beacon Specialized Living Services

# CERTIFICATION OF COMPLETION

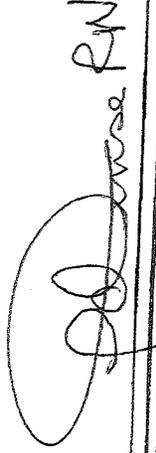


This hereby certifies that Cassandra Mullins  
has successfully met all requirements of

# DMA CERTIFICATION

Including: Glucose Monitoring, Six Rights, and Insulin Administration

On 8-31-2021 Signed

 Nurse RN