



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon Leslie

Employee Receiving In-Service: Monica Wheeler

Date of 1st In-Service:   /  /   Time:   :   am / pm Trainer: Learning and Development

Date of 2nd In-Service:   /  /   Time:   :   am / pm Trainer: Learning and Development

Date of 3rd In-Service: 9,13,21 Time: 8:00 am /  pm Trainer: Taylor Maloney

Date of 4th In-Service: 9,13,21 Time: 10:00 am /  pm Trainer: Taylor Maloney

Date of 5th In-Service: 9,15,21 Time: 8:00  am / pm Trainer: Taylor Maloney

Date of 6th In-Service: 9,15,21 Time: 8:00 am /  pm Trainer: Taylor Maloney

Date of Final Evaluation: 9,16,21 Time: 8:00 am /  pm Trainer: Taylor Maloney

**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"/>	N/A in home						
	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"/>	N/A - Review						
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"/>							



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
	<input checked="" type="checkbox"/>							
7	<input checked="" type="checkbox"/>							
8	<input checked="" type="checkbox"/>	Review -						
a.	<input checked="" type="checkbox"/>	Not Available						
b.	<input checked="" type="checkbox"/>	@in home						
c.	<input checked="" type="checkbox"/>							
9	<input checked="" type="checkbox"/>	N/A in home						
a.	<input checked="" type="checkbox"/>							
b.	<input checked="" type="checkbox"/>	Review						
10	<input checked="" type="checkbox"/>							
11	<input checked="" type="checkbox"/>							
12	<input checked="" type="checkbox"/>							
13	<input checked="" type="checkbox"/>							
14	<input checked="" type="checkbox"/>							
15	<input checked="" type="checkbox"/>							
16	<input checked="" type="checkbox"/>							
17	<input checked="" type="checkbox"/>							
18	<input checked="" type="checkbox"/>							



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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor 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 Guide to Drugs Book	✓	✓	✓	✓	✓	✓	✓	
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.

Monica Wheeler  
Employee Signature

9-20-21  
Date

Krista R. Stark  
Home Manager Signature

9-20-21  
Date