



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Clarkston

Employee Receiving In-Service: Arneta Evans

Date of 1st In-Service: 9 / 8 / 21 Time: 1 : 00 am / pm Trainer: L&D

Date of 2nd In-Service: 9 / 16 / 2021 Time: 12 : 00 am / pm Trainer: Kaitlin Dickerson

Date of 3rd In-Service: 9 / 21 / 2021 Time: 12 : 00 am / pm Trainer: Kaitlin Dickerson

Date of 4th In-Service: 9 / 22 / 2021 Time: 8 : 00 am / pm Trainer: Kaitlin Dickerson

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



Medication Administration In-Service and Evaluation

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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19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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.

Amrita Evans
Employee Signature

9.22.2021
Date

Kathleen Doherty
Home Manager Signature

9/22/2021
Date