



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Ossineke

Employee Receiving In-Service: Amarca M. Davis

Date of 1st In-Service: 3 / 24 / 21 Time: 1 : 00 am Trainer: Learning & Development

Date of 2nd In-Service: 3 / 24 / 21 Time: 5 : 00 am / pm Trainer: Learning & Development

Date of 3rd In-Service: 6 / 9 / 21 Time: 8 : 00 am Trainer: Morgan Scholz

Date of 4th In-Service: 6 / 23 / 21 Time: 8 : 00 am / (pm) Trainer: Kaitlyn Noles

Date of 5th In-Service: 6 / 24 / 21 Time: 8 : 00 am Trainer: Kaitlyn Noles

Date of 6th In-Service:     /    /     Time:      :      am / pm Trainer:     

Date of Final Evaluation: 6 / 26 / 21 Time: 8 : 00 am Trainer: Kaitlyn Noles

**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 type="checkbox"/>	<input checked="" type="checkbox"/>					
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>					

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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
h. Correct dose is administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
i. Medication is administered at correct time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Infection control technique is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Residents' rights are observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					



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19	Medication errors are reported to Site Supervisor and RN teaching medication classes	✓	✓	X	X	X	□	X	
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.

*Quel 10/21*  
Employee Signature

6/26/21  
Date

*[Signature]*  
Home Manager Signature

6/26/21  
Date