



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: The Bunkhouse

Employee Receiving In-Service: Anne Vanderson

Date of 1st In-Service*: / / Time: : am / pm Trainer:

Date of 2nd In-Service: 8 / 25 / 21 Time: 11 : 15 am / pm Trainer: A. H. [Signature]

Date of 3rd In-Service: 8 / 25 / 21 Time: 3 : 15 am / pm Trainer: [Signature]

Date of 4th In-Service: 8 / 31 / 21 Time: 12 : 00 am / pm Trainer: [Signature]

Date of 5th In-Service: 8 / 31 / 21 Time: 04 : 00 am / pm Trainer: [Signature]

Date of 6th In-Service: 9 / 8 / 21 Time: 12 : 00 am / pm Trainer: [Signature]

Date of Final Evaluation: 9 / 15 / 21 Time: 8 : 00 am / pm Trainer: [Signature]

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



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



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In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19		/	/	/	/	X	X	
20		/	/	/	/	X	X	
21		/	/	/	/	X	2	
22		/	/	/	/	X	X	
23		/	/	/	/	X	X	
24		/	/	/	/	X	X	
25		/	/	/	/	X	X	
26		/	/	/	/	X	X	

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

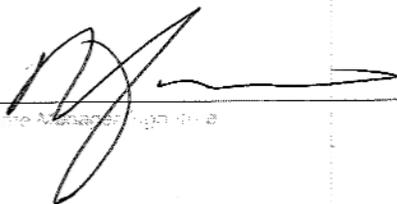
I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.



Employee Signature

10.26.21

Date



Home Manager Signature

9.14.21

Date