

Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon Specialized Living
 Employee Receiving In-Service: Tysha McLean

Date of 1st In-Service: 10 / 07 / 21 Time: 1 : 00p am / pm Trainer: Learning and Development

Date of 2nd In-Service: 10 / 20 / 21 Time: 11 : 00 am / pm Trainer: Tasha Lottier

Date of 3rd In-Service: 10 / 23 / 21 Time: 11 : 00 am / pm Trainer: Tasha Lottier

Date of 4th In-Service: 10 / 24 / 21 Time: 9 : 00 am / pm Trainer: Tasha Lottier

Date of 5th In-Service: 10 / 27 / 21 Time: 8 : 00 am / pm Trainer: Tasha Lottier

Date of 6th In-Service: 10 28 / 21 Time: 8 : 00 am / pm Trainer: Tasha Lottier

Date of Final Evaluation: 11 / 15 / 21 Time: 8 : 00 am / pm Trainer: Kelly Kruttschnitt

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

Home Manager Signature: *Kyley Krutack* Date: 11-15-21
 Employee Signature: *Tysha McClain* Date: 10-8-21

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.

Specify time frame for completion: N/A she needs more training. I am going to do more
passes with her.

FOLLOW UP CONCERNS

| In-Service # | 1st | 2nd | 3rd | 4th | 5th | 6th | Eval | Comments |
|--------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| 19 | <input checked="" type="checkbox"/> | Medication errors are reported to Site Supervisor and RN teaching medication classes |
| 20 | <input checked="" type="checkbox"/> | Medication area is cleaned and locked after completion of medication administration |
| 21 | <input checked="" type="checkbox"/> | Designated Medication Administrator can identify action and common side effects of medications administered |
| 22 | <input checked="" type="checkbox"/> | Approved Abbreviations List is reviewed |
| 23 | <input checked="" type="checkbox"/> | Seizure precautions and documentation |
| 24 | <input checked="" type="checkbox"/> | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book |
| 25 | <input checked="" type="checkbox"/> | 2nd Staff Verification, what it is, when it is needed, and how to document it |
| 26 | <input checked="" type="checkbox"/> | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation) |

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