



Bird
Cubs
Baby

Medication Administration In-Service and Evaluation

Name of Facility/Home: Jenn Rudy The Cottage

Employee Receiving In-Service: _____

Date of 1st In-Service*: 12 / 1 / Time: _____ am / pm Trainer: _____

Date of 2nd In-Service: 12 / 21 / 21 Time: 8:00 am / pm Trainer: C Shook

Date of 3rd In-Service: 1 / 25 / 22 Time: 8:00 am / pm Trainer: C Shook

Date of 4th In-Service: 2 / 3 / 22 Time: 8:00 am / pm Trainer: C Shook

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								
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 medications		✓	✓	✓				
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/blister 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	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 Home Manager 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 Epocrates link on staff computer		/	/	/				
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.

Employee Signature _____

Date _____

Home Manager Signature _____

Date _____