



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Interlochen

Employee Receiving In-Service: Marisa DeLeon

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

Date of 2nd In-Service: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ am / pm Trainer: \_\_\_\_\_

Date of 3rd In-Service: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ am / pm Trainer: \_\_\_\_\_

Date of 4th In-Service: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ am / pm Trainer: \_\_\_\_\_

Date of 5th In-Service: \_\_\_ / \_\_\_ / \_\_\_ Time: \_\_\_ : \_\_\_ am / pm Trainer: \_\_\_\_\_

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

Date of Final Evaluation: 3 / 10 / 22 Time: 2 : 00 am / pm Trainer: Tria Williams

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



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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	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	d. Observe Resident to ensure medication is swallowed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	e. Offer adequate and appropriate fluid with medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	f. Medication record is signed immediately after administration of same	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	g. Controlled substance record is signed immediately after administration of same	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	h. Correct dose is administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	i. Medication is administered at correct time	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	j. Verify no additional MAR pages have been added	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
7	Infection control technique is reviewed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	a. Resident is properly positioned, at a 45° sitting angle	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	b. Tube is checked for placement and patency	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
	c. Tube is flushed before, between and after medications are administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<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 type="checkbox"/>	<input checked="" type="checkbox"/>						
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
11	DMA administers eye and ear medication according to facility policies and procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
13	Medication administration should not interrupted. DO NOT RUSH	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
15	Residents' rights are observed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
16	Location, Procedures and Documenting for administering PRN	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
18	Medications are administered within time frame per facility policy	<input type="checkbox"/>	<input checked="" type="checkbox"/>						



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

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

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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

3/10/22  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Home Manager Signature

\_\_\_\_\_  
 Date

