



Medication Administration In-Service and Evaluation

Name of Facility/Home: Stagecoach

Employee Receiving In-Service: Lainey White

Date of 1st In-Service: 1 / 20 / 22 Time: 1 : 00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 1 / 31 / 2022 Time: 8 : 00 (am) / pm Trainer: Suzanne Street

C Date of 3rd In-Service: 1 / 27 / 2022 Time: 10 : 00 (am) / pm Trainer: Kathlynn Taylor

Date of 4th In-Service: 2 / 1 / 2022 Time: 8 : 00 (am) / pm Trainer: Amanda Hale

Date of 5th In-Service: 2 / 1 / 2022 Time: 12 : 00 am / (pm) Trainer: Amanda Hale

Date of 6th In-Service: 2 / 2 / 2022 Time: 8 : 00 (am) / pm Trainer: Amanda Wilson

Date of Final Evaluation: 2 / 4 / 22 Time: 8 : 00 (am) / pm Trainer: Nelissa Carlson

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 type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. Area is clean and organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	c. Area is always locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A				
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	N/A				



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							
	<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	Infection control technique is reviewed							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
8	Medication via gastric tube administered per facility policy and procedure (if applicable)							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
	a. Resident is properly positioned, at a 45° sitting angle							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
	b. Tube is checked for placement and patency							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
	c. Tube is flushed before, between and after medications are administered							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A
9	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	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	DMA administers eye and ear medication according to facility policies and procedures							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A				
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
13	Medication administration should not interrupted. DO NOT RUSH							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
15	Residents' rights are observed							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
16	Location, Procedures and Documenting for administering PRN							
	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
18	Medications are administered within time frame per facility policy							
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					



Medication Administration In-Service and Evaluation

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

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.

Jamy White
Employee Signature

11/31/2022
Date

[Signature]
Home/Manager Signature

2/4/2022
Date