



Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge St.

Employee Receiving In-Service: Hing Doung

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

Date of 2nd In-Service: 2 / 3 / 21 Time: 7 : p am pm Trainer: [Signature]

Date of 3rd In-Service: 2 / 18 / 21 Time: 7 : p am pm Trainer: [Signature]

Date of 4th In-Service: 2 / 15 / 21 Time: 7 : p am pm Trainer: [Signature]

Date of 5th In-Service: 2 / 16 / 21 Time: 7 : p am pm Trainer: [Signature]

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

Date of Final Evaluation: 2 / 16 / 21 Time: 7 : A 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		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	a. Location of ample supplies prior to administration		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	b. Area is clean and organized		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	c. Area is always locked		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WA				
2	DMA washes hands prior to administering medications and between each Resident		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
3	Medication keys are retained by DMA		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
4	Resident is identified per facility policy and procedure prior		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
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"/>	NA				
	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"/>	NA				
	b. If Apical Pulse is required, privacy is provided		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WA				
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"/>	NA				
	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"/>	NA				
	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"/>	NA				

Home Manager Signature: *[Signature]* Date: *7/16/22*

Employee Signature: *Hing Duong* Date: *7/14/2022*

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: *Follow all to 7/14/22, need her time*

N/A

FOLLOW UP CONCERNS

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	<input checked="" type="checkbox"/>	N/A						
20	<input checked="" type="checkbox"/>	N/A						
21	<input checked="" type="checkbox"/>	N/A						
22	<input checked="" type="checkbox"/>	N/A						
23	<input checked="" type="checkbox"/>	N/A						
24	<input checked="" type="checkbox"/>	N/A						
25	<input checked="" type="checkbox"/>	N/A						
26	<input checked="" type="checkbox"/>	N/A						

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