



Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge St

Employee Receiving In-Service: Katha Smith

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

Date of 2nd In-Service: 1 / 13 / 22 Time: 8 : 00 am / pm Trainer: [Signature]

Date of 3rd In-Service: 1 / 14 / 22 Time: 8 : 00 am / pm Trainer: [Signature]

Date of 4th In-Service: 1 / 15 / 22 Time: 8 : 00 am / pm Trainer: [Signature]

Date of 5th In-Service: 1 / 20 / 22 Time: 8 : 00 am / pm Trainer: [Signature]

Date of 6th In-Service: 1 / 21 / 22 Time: 8 : 00 am / pm Trainer: [Signature]

Date of Final Evaluation: 1 / 22 / 22 Time: 7 : 00 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"/> | |
| | a. Location of ample supplies prior to administration | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | b. Area is clean and organized | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | c. Area is always locked | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics) | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 2 | DMA washes hands prior to administering medications and between each Resident | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 3 | Medication keys are retained by DMA | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 4 | Resident is identified per facility policy and procedure prior | | <input checked="" type="checkbox"/> | <input 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"/> | |
| | a. If Pulse and BP are required, hands and equipment are washed per facility policy | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | b. If Apical Pulse is required, privacy is provided | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 6 | Medications Administration per facility policy and procedure: to include review of the '6 Rights' | | <input checked="" type="checkbox"/> | <input 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"/> | |
| | b. Liquid medication is poured at eye level, with palm covering label of stock bottle | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |



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



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| 19 Medication errors are reported to Site Supervisor and RN teaching medication classes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| 20 Medication area is cleaned and locked after completion of medication administration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| 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"/> | NA |
| 22 Approved Abbreviations List is reviewed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| 23 Seizure precautions and documentation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| 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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| 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"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NA |
| 26 Refusal of Medication procedures (prompt 3 times, then write appropriate documentation) | <input checked="" type="checkbox"/> | NA |

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

*She is good at med pass.
Takes time to check all "OR"*

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.

Katha Smith
Employee Signature

1/21/22
Date

[Signature]
Home Manager Signature

1/22/22
Date