

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"/> | NA |
| | 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 |
| | 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 |
| | 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 |
| 7 | Infection control technique is reviewed | | | | | | | <input checked="" type="checkbox"/> | 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"/> | N/A |
| 20 | Medication area is cleaned and locked after completion of medication administration | <input checked="" type="checkbox"/> | N/A |
| 21 | Designated Medication Administrator can identify action and common side effects of medications administered | <input checked="" type="checkbox"/> | N/A |
| 22 | Approved Abbreviations List is reviewed | <input checked="" type="checkbox"/> | N/A |
| 23 | Seizure precautions and documentation | <input checked="" type="checkbox"/> | N/A |
| 24 | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A |
| 25 | 2nd Staff Verification, what it is, when it is needed, and how to document it | <input checked="" type="checkbox"/> | N/A |
| 26 | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation) | <input checked="" type="checkbox"/> | N/A |

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.

X. Arroyo Ordoñez

3-4-22

Hemi Scott

3/4/22