



Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge

Employee Receiving In-Service: Jada Allen

Date of 1st In-Service: 10 /07 /21 Time: 1 :00p am / pm Trainer: Learning and Development

Date of 2nd In-Service: 11 /9 /21 Time: 8 :00 (am) pm Trainer: Kemi Scott

Date of 3rd In-Service: 11 /10 /22 Time: 8 :00 (am) pm Trainer: V Berny

Date of 4th In-Service: 11 /19 /21 Time: 7 :00 (am) pm Trainer: S. Henderson

Date of 5th In-Service: 11 /19 /21 Time: 7 :00 am / (pm) Trainer: Jazmyn Selby

Date of 6th In-Service: 1 /1 Time: : am / pm Trainer:

Date of Final Evaluation: 11 /20 /21 Time: 7 :00 (am) pm Trainer: Kemi Sut

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

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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"/>	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"/>	na						
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	na						
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>	na						
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	na						
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	na						
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<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"/>	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

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.

Jimmy Dery
Employee Signature

Jacky Ann
Dani Smith
Home Manager Signature

11-20-21
Date

11-20-21
Date

11/20/21
Date