Owakihi, Inc.

Training Summary Form

I. **Employee:** Hamza Daksane **Topic:** _Medication Administration Review and Related Policies_ **Credit Hours:** 1

II. **Description of Training Content:**

1. Company Policy and Procedure information and copies of the following policies:
   a. Policy and Procedure on Safe Medication Assistance and Administration
   b. Policy and Procedure on Health Service Coordination
   c. Policy and Procedure on Responding to and Reporting Incidents
2. Communication practices in accordance with company policies.
3. Documentation practices in accordance with company policies.
4. Copies of referenced policies are provided to staff
5. Medication storage and access specific to contacting your supervisor and if needed following the chain of command to ensure staff have keys and/or access to medication storage areas at all times they are responsible for medication administration.
6. Review of "Bubble pack" procedure regarding documentation and assurance that the 7 rights are followed during each instance of administration in order to avoid medication administration and documentation errors.

III. **Training Procedures:**

Training Format	Instructional Methods	Demonstrated Competency
____ Self Study ____ Individualized Training X **Team Meeting** ____ Owakihi Inservice X Other: **Policy Review**	____ Written: ____ X **Oral Presentation and Dialogue** ____ Guided Observation ____ Guided Practice	____ Knowledge Testing (Quiz) ____ Observed Skill Assessment X Other: **Discussion and Question answer session with Training Supervisor**

IV. **Date(s):** 01/14/2020 (M/D/Y) Trainer/Position: S. Hardcopf / RN

Time(s): 1:30 pm (AM or PM) Trainer Signature: Shalene Hardcopf RN

I understand the information received and my responsibilities for implementation with this company and persons served.

Employee Signature: [signature]

Training hours need to be recorded by employee on corresponding timecard for reimbursement and training documentation purposes. Employees are encouraged to keep a copy of this verification for their personal records.

Hamza Dakane

MAR Documentation Quiz

1. D or F a med hole can become a medication error if not filled?

2. What do you write on the MAR if the medication is being held?

   med Hold H

3. What do you write on the MAR if the medication is being refused?

   R

4. What do you write on the MAR if the resident is not at home and it is time to pass medications for them?

   L A D

5. Where on the MAR should you document why the resident refused medication, is not home, or the reason the medication is being held?

   On the Back of MAR

6. Should you follow up with results after giving a PRN medication or OTC medication? Where should the results be documented?

   Yes on the back page