



In-Service Training Log – Oakdale & Linden

Date:

Type of Meeting:

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.25			12-22-2021	Observed skill assessment
1.25			11-24-2021	General PAI site training (60 Day)
.25			12-22-2021	Observed skill assessment

Make up Date	Initial	EE ID	Last Name

Make up Date	Initial	EE ID	Last Name
			Basurto-Poferl, Marisol

Make Up Date	Initial	EE ID	Managers/Admin

Make up Date	Initial	EE ID	Other Attendees

GENERAL PAI SITE TRAINING (60DAY)

EMPLOYEE Marisol Basurto Poferi DATE 11/24/2021

LENGTH OF TRAINING 1 hour 15 mins

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

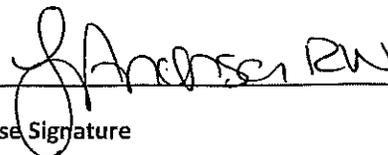
- | | | | |
|-------------------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Epilepsy/Seizures – VNS, protocols, first aid, report forms, rescue meds |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Epi-pen – purpose and use |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. DNR/DNI – POLST |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Diabetes – general overview, diet, meds |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Other _____ |

The staff member has received information on all topics presented and has successfully verbalized/demonstrated any skills.

1. I fully understand the above information and am willing to assume responsibility for performing the any of the above training/procedures.
2. I will perform any procedure according to the instructions provided.
3. I will notify the nurse or healthcare provider of problems or questions.



Staff Signature



Nurse Signature

OBSERVED SKILL ASSESSMENT

Name of staff member Mari Basurto

The staff member has successfully demonstrated the ability to administer medications by the following routes, according to facility procedures:

Route	Date	Nurse Signature
Oral	<u>12-22-21</u>	<u>J. Anderson RN</u>
Skin/topical	<u>12-22-21</u>	<u>Verbalized</u>
Ear drops	<u>12-22-21</u>	↓
Eye drops	<u>12-22-21</u>	
Buccal	<u>12-22-21</u>	
Sublingual	<u>12-22-21</u>	
Transdermal	<u> </u>	
Rectal	<u> </u>	
Vaginal	<u> </u>	
Inhaler	<u>12-22-21</u>	
Nasal Spray	<u>12-22-21</u>	
Gastrostomy	<u> </u>	
Subcutaneous Injection	<u> </u>	
Other	<u> </u>	
Other	<u> </u>	
Other	<u> </u>	

File in staff member's personnel file.

PRINCIPLES OF MEDICATION ADMINISTRATION

As a trained medication passer, I understand and adhere to the following:

1. I always pass medications under the delegation and supervision of a licensed nurse.
2. Before preparing and administering medication I must have the:
 - Knowledge about the medication(s) to be administered. Being medication knowledgeable means knowing intended purpose, common side effects, life threatening effects, knowledge of what to do should a life threatening effect occur and proper route of administration.
 - Knowledge about the individual's general health and condition that is receiving the medication.
 - Skills necessary to administer medication(s).
 - Knowledge that "no drug is harmless."
 - Knowledge of my own limitations and the line of responsibility related to medication administration.
 - Knowledge and ability to practice ethical behavior relating to medication administration: to pass medications to one client at a time and to pass those medications that I set up. I realize that I must set a good example to my co-workers and that others will learn from my demonstration of administration techniques.
 - Skills to properly document the medication administration process.
 - Knowledge and ability to practice cleanliness skills including proper hand washing and infection control techniques.
 - Knowledge and ability to practice organizational skills including giving medications accurately and safely.
 - Knowledge to pass any medication only with a physician order.
 - Knowledge that some medication administration procedures are very individualized for a person.
 - Understanding that constant practice and continuing education about medications is important.
 - Knowledge that a medication passer may not give PRN medications without involving the assessment of a nurse.

Signature _____

Mari Basurto

Date _____

12/22/21