



In-Service Training Log – Oakdale & Linden

Date:

Type of Meeting:

Med documents

NOTE: INFORMATION IN GRAY SHADED AREAS MUST BE TYPED IN

Training Time	Trainer Name	Training ID	Area	Content/Description
.50	Toni A.			Employee training for health/medical procedure: emptying urine bag
.25	Toni A.			Observed Skill Assessment
.50	Toni A.			Water flush G-Tube

Make up Date	Initial	EE ID	Last Name

Make up Date	Initial	EE ID	Last Name
			Pratt, Jalysa

Make Up Date	Initial	EE ID	Managers/Admin

Make up Date	Initial	EE ID	Other Attendees

EMPLOYEE TRAINING FOR HEALTH / MEDICAL PROCEDURE

EMPLOYEE Jalyza Pratt DATE 2/23/21

LENGTH OF TRAINING 30 mins

TYPE OF PROCEDURE Emptying Urine Bag

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Purpose and effects of procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Consequences if the procedure is not performed correctly. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Symptoms and signs requiring prescriber notification. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Information about contacting nurse or health care provider. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedure for cleaning/replacing equipment. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Location of written procedure and protocol. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Other _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The staff member has successfully ^{Verbalized} demonstrated their skill in performing this procedure. |

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or health care provider of problems or questions.

Jalyza Pratt
Staff Signature

J. Anderson RN
Nurse Signature

OBSERVED SKILL ASSESSMENT

Name of staff member Jalyssa Pratt

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

Route	Date	Nurse Signature
Oral	3.10.21	Jalyssa Pratt RN
Skin/topical	3.10.21	
Ear drops	3.10.21	
Eye drops	3.10.21	
Buccal	3.10.21	
Rescue Sublingual	3.10.21	
Transdermal	/	
Rectal	/	
Vaginal	/	
Inhaler	3.10.21	
Nasal Spray	3.10.21	
Gastrostomy	3.10.21	
Subcutaneous Injection	/	
Other		
Other		
Other		

File in staff member's personnel file.

EMPLOYEE TRAINING FOR HEALTH / MEDICAL PROCEDURE

EMPLOYEE Jalyssa Pratt DATE 3.10.21

LENGTH OF TRAINING .5 hours

TYPE OF PROCEDURE Water flush - g tube

THE STAFF MEMBER HAS RECEIVED THE FOLLOWING INFORMATION:

Yes No N/A

- | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Purpose and effects of procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Equipment necessary for procedure. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Specific protocol. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Consequences if the procedure is not performed correctly. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Symptoms and signs requiring prescriber notification. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Information about contacting nurse or health care provider. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Procedure for cleaning/replacing equipment. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Location of written procedure and protocol. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Other _____. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The staff member has successfully demonstrated their skill in performing this procedure. |

1. I fully understand the above information and am willing to assume the responsibility for performing the procedure.
2. I will perform the procedure according to the written instructions.
3. I will notify the nurse or health care provider of problems or questions.

[Signature]
Staff Signature

Jalyssa Pratt
Nurse Signature

Jalyssa Pratt

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

Jalyssa Pratt

Date

3/10/21