

DMA CLASSROOM TRAINING TEST

NAME: Gabby W DATE: 3-26-20 SCORE: _____

1. Where should medication keys be kept?

on you at all times

2. T F PRN is an abbreviation for as needed or whenever necessary.
3. T F NPO is an abbreviation for by mouth.
4. T F Prescription medication, including dietary supplements, or individual special medical procedures, do not need to have a physician or dentist order.
5. T F Prescription medications are to be kept in the original pharmacy container which is labeled for a specific resident, and locked and refrigerated if required.
6. T F You should preset each resident's medication in order to save time.
7. If a resident can't swallow their medications and needs to be crushed, we need:
- a pill crusher
 - the resident to chew the pill
 - a physician's order
8. The medication administration record (MAR) contains the following information:
- the medication, the side effects, and time to be administered.
 - the medication, the dosage, the side effects
 - the medication, the dosage, label instructions for use, and time to be administered
 - the medication, dosage
9. The following information about each medication must be obtained before it is given:
- purpose of medication and therapeutic effect
 - unwanted side effects
 - any known drug interactions with drugs the resident is currently taking
 - a and c
 - All of the above

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10. T F When medication is removed from the pharmacy-labeled container, it must be administered to the resident immediately by the person removing the medication from the container.
11. T F The initials of the person who administers the medication, must be entered at the time the medication is given.

12. List the 6 rights of Medication Administration:

~~scribble~~ (right dose) right med
documenting right count
right resident right route

13. T F If the MAR is missing the initials of the staff who administered a medication and you cannot verify the medication was given, Medical must be notified. This is a med error.
14. T F If the resident refuses to take their medication, you should record the refusal on EMAR and complete the Event report.
15. T F When a resident is going on a LOA (Leave of Absence), you should remove the meds from the bubble pack and place in another container and label the new container for the resident to take with him or her.
16. T F If a PRN medication is prescribed, you need to know what it is prescribed for, and the PRN medication can only be given for the reason it is prescribed.
17. T F When giving a PRN medication, record the reason for giving the PRN medication, follow-up with effectiveness one hour later, write a note that describes in detail what was observed.
18. T F Medication errors must be reported to the nurse and to the home manager. An event report must be completed.
19. T F It is important for the DMA to be familiar with the medications that are being administered to the residents. The DMA should also be familiar with common side effects.
20. T F It is not important for the DMA to be able to educate the resident about his or her medications.

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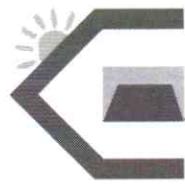
21. T F It is important to avoid distractions when preparing and or passing medications.
22. Prior to administering medications to a resident you should:
- a. ask the resident to tell you his or her name
 - b. identify the resident with his or her photo on EMAR
 - c. hand them a glass of water
 - d. All of the above
23. What is the medication administration time frame?
- a. half hour before and half hour after the correct administration time.
 - b. one hour before and one hour after the correct administration time
 - c. whenever the resident decides to take his or her medication
24. T F Good hand-washing technique is not important when you are passing medications.
25. T F When assisting a resident to apply a topical medication, it is alright to use your fingers to remove the medication from the jar.
26. T F Liquid medication is poured at eye level, on a flat surface.
27. T F The resident has the right to refuse medication, but also has the right to know the consequences of refusing the medications.
28. T F Controlled substances must be counted by the on-coming shift (DMA) and the going shift (DMA).
29. T F It is alright to store internal and external medications together.
30. T F When a blood sugar on a diabetic client is below 70, you should treat them with the hypoglycemic protocol, call the medical staff or on call personnel, and retest their blood sugar in 20 minutes.

Cathy

INITIAL MEDICAL TRAINING TEST

1. T F ___ It is important to report and record any change in physical condition or behavior of a resident.
2. If a person has a seizure, you should:
 - a) keep the person safe and free from injury by laying them down with something soft
 - b) time the seizure and provide first aid as necessary once the seizure is over
 - c) loosen restrictive clothing
 - d) all of the above
3. T F ___ The circulatory system is made up of the blood, heart, and the brain.
4. The primary purpose of the respiratory system is to:
 - a) supply oxygen to the tissue cells and eliminate carbon dioxide waste from the cells
 - b) bring food and nutrients to the tissue cells
 - c) both a and b
 - d) none of the above
5. T F ___ People with dysphagia have difficulty swallowing and may experience pain while swallowing.
6. T F ___ Food pieces that are too large for swallowing may enter the throat and block the passage of air, causing a person with dysphagia to not be able to swallow safely.
7. T F ___ If a resident is choking you should call 911.
8. T ___ F ___ You can modify a diet without a physician's order or a behavior plan.
9. T F ___ Food or liquid that stays in the airway may enter the lungs and allow harmful bacteria to grow, resulting in a lung infection called aspiration pneumonia.
10. T ___ F ___ Dysphagia is not serious. An individual with dysphagia will still be able to take in enough of the right foods to stay healthy.
11. T F ___ A regular diet is not subject to dietary restrictions.
12. T F ___ A mechanical soft diet is used for individuals who have difficulty chewing regular textured foods.
13. T F ___ Foods that are difficult for the individual to chew are chopped, ground, shredded and/or soft cooked to facilitate chewing and ease of swallowing, this is called a mechanical soft diet.

14. The musculoskeletal system is comprised of:
a) sclera, retina, and cornea
b) bones, ligaments, joints, muscles, and tendons
c) both a and b
d) none of the above
15. The endocrine system regulates the function of the
a) central nervous system
b) the entire body
c) the respiratory system
d) none of the above
16. T F ___ Diabetes comes in two forms, Type I and Type II.
17. One of the most common diseases of the endocrine system is:
a) diabetes
b) phlebitis
c) endocarditis
d) myocarditis
18. T F ___ It is important to wear gloves when coming in contact with blood or body fluids.
19. T F ___ After removing disposable gloves it is important to wash your hands.
20. What are the parameters for vital signs?
a) Temp: 96-99
b) Pulse: 50-100
c) Respirations: 12-20
d) Blood pressure: 90/50 - 160/90
21. T F ___ Behavioral changes can be due to a medical issue.
22. T ___ F ___ If a seizure lasts 3 minutes long and the resident does not have a history of seizures there is no need to follow up with a physician at this time.
23. T F ___ It is a resident's right to refuse medical treatment, but if you as a staff feel that it is a medical emergency you should call 911 and let the resident refuse to the paramedics.



BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Gabrielle Williams

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Medical & Bloodborne Pathogen Training

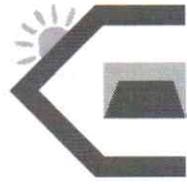
TYPE OF TRAINING

3-26-2020

COMPLETION DATE

Jessica Perry, BSN, RN

TRAINER SIGNATURE



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DMA Certification

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TRAINER SIGNATURE

Hands on Medical Training for all new DCS

Vital Signs: Pulse, respirations, blood pressure, temperature, pulse oximeter, weight-Licensing requirements

Hand washing

Proper gloving

Universal precautions

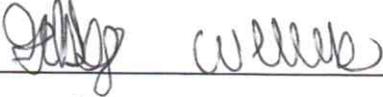
Prevention of communicable diseases (MRSA, Influenza, respiratory infections)

Transferring: Gait belt use, wheelchair, shower chair, in or out of vehicles

Fall prevention: walker use, no throw rugs, hand rails, well lit hallways

Eating disorders: dysphasia and choking, positioning, special feeding equipment

Special Diets: pureed, thickit, mechanical soft

Staff Signature  Date 3-26-20

Nurse Signature Jessica Perez, BSN, RN Date 3-26-2020

DMA TRAINING PROCESS

1. TOUR WITH TRAINER OF MEDROOM, KITCHEN, AND STAFF AREAS WHERE MEDICAL SUPPLIES MAY BE LOCATED
 - STORAGE OF MEDICATIONS (INTERNAL/EXTERNAL)
 - DEAD DRUG BOX/DESTROY JUG
 - EXPLANATION OF EPOCRATES AND ITS USE
 - LOCATION OF FIRST AID/BIOHAZARD KIT/CPR MASKS AND UNIVERSAL PRECATIONS
 - SCHEDULE MEDICAL TRAINING WITH REGIONAL NURSE
 - i. MEDICAL POLICIES
 - ii. VITAL SIGNS
 - iii. UNIVERSAL PRECAUTIONS/BLOODBORNE PATHOGENS

2. CLASSROOM TRAINING
 - NAVIGATE QUICKMAR AND LOGIN
 - TEST GUY RESIDENT MED PASSES
 - MEDICATION REFUSALS AND DOCUMENTATION PROCESS
 - EXCEPTIONS AND WHEN TO USE THEM
 - EXPLAIN PRN PROCESS DOCUMENTATION AND FOLLOW UP
 - WORK ON DMA MEDICATION LISTS
 - PASSING AND COUNTING CONTROLS
 - VITAL SIGNS AND GLUCOMETER TESTING

3. DMA TRAINING CLASS USING POWERPOINT
 - ONE MOCK MED PASS
 - THREE MED PASSES IN THE HOME BY AN APPROVED TRAINER WITH A FINAL FORTH EVALUATION

Staff Signature  Date 3-26-20
Home Manager Signature _____ Date _____
Nurse Signature Jessie Perry, BSN, RN Date 3-26-2020