

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Medication                      Dose  
Route                              Documentation  
Time                                Resident

2. Liquid medication is poured at eye level holding the cup with your hand?

Yes  No Explain:

Medication cup on counter at eye level  
with label in palm of hand

3. Controlled substance log is signed after the shift is over?

Yes  No Explain:

Controlled substance log is done at the beginning  
of shift, DMA change, med pass, and end of  
shift

4. The DMA may crush tablets if resident does not want to swallow whole?

Yes  No Explain:

DMA's may not crush meds unless there  
is a written order by a doctor.

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5. Controlled substances are stored ( single locked ) according to policy and procedures?

Yes  No Explain:

Controlled substances are double locked per policy

6. Medication errors only need to be reported if the error causes harm?

Yes  No Explain:

All medication errors must be reported as soon as the error occurs.

7. The medication room keys are left hanging on a special hook in the office area?

Yes  No Explain:

they should always be on the DMA

8. If a resident runs out of a psychotropic medication and another bubble pack is not in the house, you can use one from another resident?

Yes  No Explain:

medications are not to be shared between residents

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9. Always give Lantus insulin irregardless of the glucose level?

Yes  No Explain:

Glucose levels determine need & dose  
of lantus injection.

10. Blood pressure readings are used to monitor the treatment results of Lisinopril, Tenormin, or Norvasc?

Yes  No Explain:

this is done to monitor B/P

11. Eight o'clock medication may be given at 8:00, 9:00, or 10:00?

Yes  No Explain:

meds can be given one hour before  
or after med pass time

12. Medications that have been popped and then the resident refuses are put back in the bubble packs?

Yes  No Explain:

Popped meds get destroyed if not taken

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13. Orders do not have to be on record for insulin injections?

Yes  No Explain:

Orders have to be on file for all  
medications.

14. When a resident gets up late for a medication pass, just enter in the quickMAR, resident not in house for the med pass, and give the medication whenever they get up?

Yes  No Explain:

Document Refusal till resident gets up  
then call house manager than Medical for  
Authorization to pass

15. OTC means other than called for?

Yes  No Explain:

over the counter

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

~~15ml~~

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17. NPO means nothing para oral?

Yes     No    Explain:

Nothing by mouth

18. All controlled substances are returned to the pharmacy to be repackaged?

Yes     No    Explain:

Controlled substances get placed in locked box for the nurse to destroy

19. Choking and aspiration is a rare problem among residents on psychotropic medications?

Yes     No    Explain:

Psychotropic meds can cause muscle atrophy causing resident to aspirate, choke, <sup>or</sup> ~~die~~

20. Constipation is never a side effect of psychotropic medications?

Yes     No    Explain:

muscle atrophy due to medications can cause constipation



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Stanton - The Cottage

Employee Receiving In-Service: Crystal Rose

Date of 1st In-Service\*: 02/25/2020 Time: 9:00 (am) pm Trainer: Cathryn Strahan-RU  
\*This is done by a regional nurse

Date of 2nd In-Service: 02/25/2020 Time: 1:00 am / (pm) Trainer: David Schmitz

Date of 3rd In-Service: 3/27/2020 Time: 12:00 am / (pm) Trainer: Alexis Clark

Date of 4th In-Service: 3/31/2020 Time: 5:00 am / (pm) Trainer: Alexis Clark

Date of 5th In-Service: 4/9/2020 Time: 12:00 am / (pm) Trainer: Alexis Clark

Date of 6th In-Service: 4/10/2020 Time: 4:00 am / (pm) Trainer: Bianca Ritter

Date of Final Evaluation: 4/17/2020 Time: 12:00 am / (pm) Trainer: Bianca Ritter

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



## Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure							
	d. Observe Resident to ensure medication is swallowed							
	e. Offer adequate and appropriate fluid with medication							
	f. Medication record is signed immediately after administration of same							
	g. Controlled substance record is signed immediately after administration of same							
	h. Correct dose is administered							
	i. Medication is administered at correct time							
	j. Verify no additional MAR pages have been added							
7	Infection control technique is reviewed							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)							
	a. Resident is properly positioned, at a 45° sitting angle							
	b. Tube is checked for placement and patency							
	c. Tube is flushed before, between and after medications are administered							
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure							
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping							
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.							
11	DMA administers eye and ear medication according to facility policies and procedures							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							
13	Medication administration should not interrupted. DO NOT RUSH							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure							
15	Residents' rights are observed							
16	Location, Procedures and Documenting for administering PRN							
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)							
18	Medications are administered within time frame per facility policy							



## Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager and RN teaching medication classes	✓	✓	✓	✓	✓	✓	✓	
20	Medication area is cleaned and locked after completion of medication administration	✓	✓	✓	✓	✓	✓	✓	
21	Designated Medication Administrator can identify action and common side effects of medications administered	✓	✓	✓	✓	✓	✓	✓	
22	Approved Abbreviations List is reviewed	✓	✓	✓	✓	✓	✓	✓	
23	Seizure precautions and documentation	✓	✓	✓	✓	✓	✓	✓	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer	✓	✓	✓	✓	✓	✓	✓	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	✓	✓	✓	✓	✓	✓	✓	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	✓	✓	✓	✓	✓	✓	✓	

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

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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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Manager Signature

4/17/20  
\_\_\_\_\_  
Date