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ANNUAL 'DMA' RECERTIFICATION TEST

Dolores Sawyer

1.) List the Six (6) Patient Rights:

<u>Route</u>	<u>documentation</u>
<u>dosage</u>	<u>date & time</u>
<u>medication</u>	<u>(Resident) NAME</u>

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

Yes No Explain:

On a flat surface to make sure amount is correct.

3.) Controlled Substance Medication Count Sheet is signed after the shift is over?

Yes No Explain:

Count sheet is signed during shift change when keys are given before night shift leaves or during a staff change

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

Yes No Explain:

No crushing unless we have a Dr's order

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

Yes No Explain:

Double locked because door has to be locked where medications are in and cabinet is locked where medication are stored.

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

Yes No Explain:

Medication errors always need to be reported

7.) The Medication Room Keys are left hanging on a special hook in the office area?

Yes No Explain:

DMA must always have the keys on their person.

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:

You cannot use another persons medication

9.) Always give Lantus insulin regardless of the glucose level?

Yes No Explain:

if levels are low you will not give insulin according to the prescription

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

Yes No Explain:

Because all these medications are used to treat Blood Pressure

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

Yes No Explain:

May be given at 7:00pm, 8:00pm or 9:00pm
one hour before one hour after scheduled
time

12.) Medications that have been popped from a bubble pack and then the resident refuses to take them, are put back in the bubble pack?

Yes No Explain:

They need to be destroyed in the proper
container

13.) Orders ^{do not} to no have to be on record for insulin injections?

Yes No Explain:

Can not give injection if we do not have
a Doctor's order

14.) When a Resident gets up late for a medication pass, just enter in the EMAR system "Resident Not in the Home for Medication Pass" and give the medication to the resident whenever they wake up?

Yes No Explain:

Would need to call Medical to get the OK to
pass if out of the time frame. Document as
a refusal

15.) OTC means "Other Than Called" for?

Yes No Explain:

over the counter

16.) One Tablespoon is equal to 30ml?

Yes

No

Explain:

15 mL = 1 Tablespoon

17.) NPO means "para oral"?

Yes

No

Explain:

Nothing by mouth

18.) All Controlled Substances are returned to the pharmacy to be repackaged?

Yes

No

Explain:

They need to be discarded in the proper container by licensed personnel and witness

19.) Choking and aspiration is a rare problem among Residents on Psychotropic medications?

Yes

No

Explain:

It's a common side effect

20.) Constipation is never a side effect of Psychotropic medications?

Yes

No

Explain:

Constipation is a common side effect for these medications



Recertification

Medication Administration In-Service and Evaluation

Name of Facility/Home: Lifestyles Holland

Employee Receiving In-Service: Dolores Sawyer

Date of 1st In-Service: 3/24/20 Time: 8: AM am / pm Trainer: Lori Ferreira

Date of 2nd In-Service: / / Time: : am / pm Trainer:

Date of 3rd In-Service: / / Time: : am / pm Trainer:

Date of 4th In-Service: / / Time: : am / pm Trainer:

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: / / Time: : am / pm Trainer:

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



Medication Administration In-Service and Evaluation

In-Service #	Description	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
20	Medication area is cleaned and locked after completion of medication administration	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
22	Approved Abbreviations List is reviewed	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
23	Seizure precautions and documentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

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.

Dolores Sawyer
Employee Signature

3-24-20
Date

Joni Femenie
Home Manager Signature

3-24-20
Date