



Medication Administration In-Service and Evaluation

Name of Facility/Home: Nunica

Employee Receiving In-Service: Sophia Michele Smith

Date of 1st In-Service*: 10 / 14 / 2019 Time: 9 : 00 am / pm Trainer: Cathryn Strahan, RN
*This is done by a regional nurse

Date of 2nd In-Service: 10 / 14 / 2019 Time: 12 : 00 am / pm Trainer: David Schmitz

Date of 3rd In-Service: 1 / 4 / 2020 Time: 12 : 00 am / pm Trainer: Yolanda Kelly

Date of 4th In-Service: 1 / 6 / 2020 Time: 4 : 00 am / pm Trainer: Malika Coleman-Fisher

Date of 5th In-Service: 1 / 7 / 2020 Time: 4 : 00 am / pm Trainer: M. Coleman-Fisher

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

Date of Final Evaluation: 1 / 8 / 2020 Time: 4 : 00 am / pm Trainer: M. Coleman-Fisher

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	✓	✓	✓	✓	✓	✓	✓	



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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	✓	✓	✓	✓	✓		✓	



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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

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.

Sophia Michelle Smith
Employee Signature

11/8/2020
Date

M. Ann Fisher
Home Manager Signature

11/8/2020
Date

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Always test glucose level

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

Yes No Explain:

Always check blood pressures before administering meds

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

Yes No Explain:

Only 1 hr. before and 1 hr. after

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

Yes No Explain:

They should be destroyed with another staff and an event report

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Any med or injection has to have an order

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:

Call on call to get an answer for that may depend on time and medication

15. OTC means other than called for?

Yes No Explain:

Over the Counter

~~16.~~ One Tablespoon is equal to 30ml?

Yes No Explain:

10 mL

15 mL

ANNUAL DMA RECERTIFICATION TEST

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:

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

Yes No Explain:

Choking and aspiration is not rare among residents on psychotropic meds

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

Yes No Explain:

Constipation is a side effect

ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Right Person

Right Time

Right Medication

Right Route

Right Dosage

Right Documentation

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

Yes No Explain:

put cup at eye level on flat surface
and pour with hand over label

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

Yes No Explain:

Sign right after passing the controlled
substance

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

Yes No Explain:

Only with a Dr's order

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

All meds are double locked

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

Yes No Explain:

All med errors are to be reported

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

Yes No Explain:

DMA has to keep keys on them at all times

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 must call on-call and go from there