



Medication Administration In-Service and Evaluation

Name of Facility/Home: Walker

Employee Receiving In-Service: Ayanna Luck-eff

Date of 1st In-Service*: 1/27/20 Time: 10:00 am / pm Trainer: Cay Strahan
*This is done by a regional nurse

Date of 2nd In-Service: 1/14/20 Time: 9:00 am / pm Trainer: David Schmitz

Date of 3rd In-Service: 2/10/20 Time: 4:00 am / pm Trainer: Malka Coleman-Fisher

Date of 4th In-Service: 2/12/20 Time: 7:00 am / pm Trainer: J. Keel

Date of 5th In-Service: 2/14/20 Time: 4:00 am / pm Trainer: M. Coleman-Fisher

Date of 6th In-Service: 1/1 Time: : am / pm Trainer:

Date of Final Evaluation: 2/17/20 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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	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)	/	/	N/A	N/A	/		N/A	
	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

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.

Deborah Luchini
Employee Signature

2/17/2020
Date

M. Coleman Fisher
Home Manager Signature

2/17/2020
Date

ANNUAL DMA RECERTIFICATION TEST

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1. List the six patient rights:

Right Medication

Right Person

Right Time

Right Dosage

Right Route

Right Documentation

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

Yes No Explain:

No. It's poured at eye level on flat
surface holding the bottle with label
facing palm

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

Yes No Explain:

It's signed at shift change and when
you pass a controlled med
or transfer key

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

Yes No Explain:

If it's not written on their med that it
can be crushed do not crush it
Doctors order mandatory!

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

They are stored and double locked Med
Room should be locked and Med Cart
should be locked as well

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

Yes No Explain:

EVER medication error should be reported
to make sure they are aware and you're
covered

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

Yes No Explain:

The Medication keys should be on
the person 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:

Never give another resident someone
else medication call a notify the Right
Person and let them know you're out

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Insulin should be giving for the appropriate need depending on glucose levels - follow doctors order

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

Yes No Explain:

All Bf meds.
It's also used to monitor levels for when insulin is given

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

Yes No Explain:

A hour before the time and a hour after the time

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

Yes No Explain:

They are put in a separate bag if it's still in the time frame to pass and after call and report then the meds will be destroyed properly

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

They do need to be recorded so a resident
don't get over dosed or under dosed and
each dose is recorded for record

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:

No you'll have to record it as a missed
med because the resident was present
during med time

(Reviewed)

15. OTC means other than called for?

Yes No Explain:

H means over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

It's equal to about half of 30ml

(15 ml.)

ANNUAL DMA RECERTIFICATION TEST

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 are disposed appropriately
Destroyed by nurse.

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

Yes No Explain:

Common problem.

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

Yes No Explain:

It IS one of the side effects