



Certificate of Completion  
IS HEREBY GRANTED TO

NAME Judy Pitz

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

COMPLETION DATE 6/9/2020

TRAINER SIGNATURE [Signature]



# BEACON Specialized Living

## Medication Administration In-Service and Evaluation

Name of Facility/Home: Fife Lake

Annual Eval

Employee Receiving In-Service: Judy Pitz

Date of 1st In-Service\*:    /   /    Time:    :     am / pm Trainer:    

\*This is done by a regional nurse

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: 6/9/20 Time: 10:00 am / pm Trainer: Evelyn Noddy

**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           |     |     |     |     |     |     | ✓     |          |
| 20           |     |     |     |     |     |     | ✓     |          |
| 21           |     |     |     |     |     |     | ✓     |          |
| 22           |     |     |     |     |     |     | ✓     |          |
| 23           |     |     |     |     |     |     | ✓     |          |
| 24           |     |     |     |     |     |     | ✓     |          |
| 25           |     |     |     |     |     |     | ✓     |          |
| 26           |     |     |     |     |     |     | ✓     |          |

### 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.

*Judy Pitz*  
 Employee Signature

6-9-20  
 Date

*Erlynn N...*  
 Home Manager Signature

6.9.2020  
 Date

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Resident

Route

med

dose

Time

documentation

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

Yes    No   Explain:

eye level on flat surface to ensure right dose

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

Yes    No   Explain:

signed during and after med pass

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

Yes    No   Explain:

doctors order needed

# ANNUAL DMA RECERTIFICATION TEST

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

Yes     No    Explain:

double locked

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

Yes     No    Explain:

med error are reported immediately

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

Yes     No    Explain:

med key are to be on DMA 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 Resident other meds than their own

# ANNUAL DMA RECERTIFICATION TEST

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

Yes     No    Explain:

IF prescribed by doctor

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

Yes     No    Explain:

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

Yes     No    Explain:

1 hour before and 1 hour after

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

Yes     No    Explain:

dispose in proper container by 2 staff  
and document

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Documented in MAR and paper

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 nurse and get permission to pass late

15. OTC means other than called for?

Yes  No Explain:

over the counter medication

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

2 tlb = 30ml

# 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:

*No they are disposed in proper container*

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

Yes     No    Explain:

*Psychotropic medications can cause aspiration*

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

Yes     No    Explain:

*Constipation is a side effect of psychotropic meds*