



Certificate of Completion
IS HEREBY GRANTED TO

Kathy Scarlett

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Annual-DMA

TYPE OF TRAINING

6/17/2020

COMPLETION DATE

Charaisy Deyville

TRAINER SIGNATURE

ANNUAL DMA RECERTIFICATION TEST

6-11-2020

Kathy Scarlett

List the six patient rights:

dosage	_____
name	_____
med	_____
route	_____
documentation	_____
time	_____

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

Yes No Explain:

always on a hard table or counter

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

Yes No Explain:

always sign meds over to following shift

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

Yes No Explain:

always need a doctor's prescription

ANNUAL DMA CERTIFICATION TEST

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

Yes No Explain:

Bottle locked

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

Yes No Explain:

always report

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

Yes No Explain:

med keys are always with the staff that hands out meds

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 use another residents meds -

I call the pharmacy to see if there is a

refill and get it refilled, when go get it

w/ a resident, always let Vera know what's

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Do not give if glucose is low

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

Yes No Explain:

They are meds to lower blood pressure

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

Yes No Explain:

8:00 meds are given 7:01 - 8:59 only - Have to call Tracy if meds are late.

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

Yes No Explain:

once popped they are never to go back in the bubble pack, staff might lick it before they put it back,

ANNUAL DMA RECERTIFICATION TEST

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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:

We dispose of them and someone comes and takes them away.

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

Yes No Explain:

it can be, dry cough, hard to swallow.

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

Yes No Explain:

always a possibility side effect.

Medication Administration In-Service and Evaluation

Name of Facility/Home: Loxter North Annual Eval

Employee Receiving In-Service: Kathy Scarlett

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

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: 06/11/20 Time: 11:00 am / pm Trainer: Ernie

Date of 6th In-Service: 06/11/20 Time: 12:00 pm Trainer: Ernie

Date of Final Evaluation: 06/17/20 Time: 4:00 am / pm Trainer: Ernie

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

Medication Area	In-Service #						Comments
	1st	2nd	3rd	4th	5th	6th	
1							
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	✓	✓	✓	✓	✓	✓	
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/biester 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	✓	✓	✓	✓	✓	✓	

 Home Manager Signature: *Erin M. Ward*
 Date: *6.17.2020*

 Employee Signature: *Kathy Scarlett*
 Date: *6.17.2020*

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.

Specify time frame for completion: N/A

FOLLOW UP CONCERNS

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)

Medication Administration In-Service and Evaluation

