



Medication Administration In-Service and Evaluation

Name of Facility/Home: Ludington

Employee Receiving In-Service: MARY JOHNSON

Date of 1st In-Service*: 11/26/2019 Time: 9:00 am/pm Trainer: Cathryn Starhan, RN
*This is done by a regional nurse

Date of 2nd In-Service: 11/26/2019 Time: 1:00 am/pm Trainer: David Schmitz

Date of 3rd In-Service: 4/27/2020 Time: 12:00 am/pm Trainer: Ashley Kelsey

Date of 4th In-Service: 4/28/2020 Time: 8:00 am/pm Trainer: Felisha Balthie

Date of 5th In-Service: 5/8/2020 Time: 8:00 am/pm Trainer: Felisha Balthie

Date of 6th In-Service: 5/8/2020 Time: 12:00 am/pm Trainer: Ashley Kelsey

Date of Final Evaluation: 6/4/2020 Time: 8:00 am/pm Trainer: Felisha Balthie

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)	✓	✓	✓	✓	✓	✓	✓	
	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.

May Johnson
Employee Signature

6-9-2020
Date

Ashley Fedor
Home Manager Signature

6/9/2020
Date



Certificate of Completion

Is hereby granted to:

MARY JOHNSON

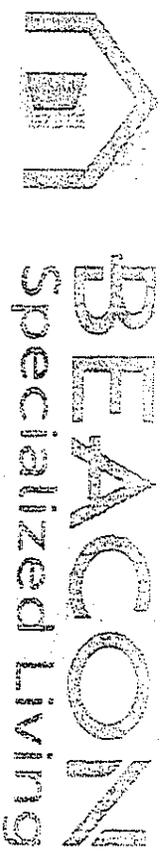
To certify that they have complete to satisfaction in

"DVA, Medical, & Blood Borne Pathogens Training"

Date: 11/26/2019

Sharon Strickland
Trainer Signature

RN



Certificate of Completion

THIS HEREBY CERTIFIES THAT

Mary Johnson

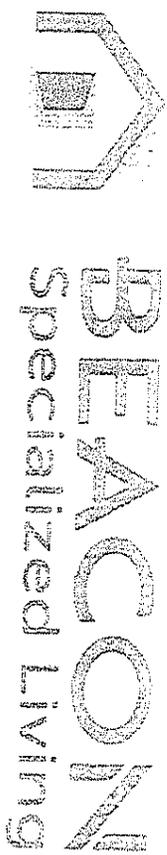
HAS SUCCESSFULLY MET ALL REQUIREMENTS OF
DMA CERTIFICATION

INCLUDING: GLUCOSE MONITORING, SIX RIGHTS AND INSULIN ADMINISTRATION

David Schwartz

SIGNED

11/26/2019



Certificate of Completion

THIS HEREBY CERTIFIES THAT

Mary Johnson

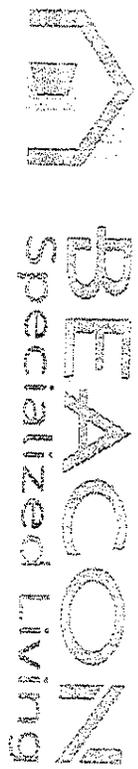
HAS SUCCESSFULLY MET ALL REQUIREMENTS OF
DMA CERTIFICATION

INCLUDING: GLUCOSE MONITORING, SIX RIGHTS AND INSULIN ADMINISTRATION

Dawn Schwartz

SIGNED

09/17/2019



Certificate of Completion

Is hereby granted to:

MARY JOHNSON

To certify that they have complete to satisfaction in

"DMA, Medical, & Blood Borne Pathogens Training"

Date: 09/17/2019

Cathryn Shaohom RN
Trainer Signature

DMA CLASSROOM TRAINING TEST

NAME: MARY Johnson DATE: // SCORE: _____

1. Where should medication keys be kept?

On DMA

2. T F PRN is an abbreviation for as needed or whenever necessary.
3. T F NPO is an abbreviation for by mouth.
4. T F Prescription medication, including dietary supplements, or individual special medical procedures, do not need to have a physician or dentist order.
5. T F Prescription medications are to be kept in the original pharmacy container which is labeled for a specific resident, and locked and refrigerated if required.
6. T F You should preset each resident's medication in order to save time.
7. If a resident can't swallow their medications and needs to be crushed, we need:
- a pill crusher
 - the resident to chew the pill
 - a physician's order
8. The medication administration record (MAR) contains the following information:
- the medication, the side effects, and time to be administered.
 - the medication, the dosage, the side effects
 - the medication, the dosage, label instructions for use, and time to be administered
 - the medication, dosage
9. The following information about each medication must be obtained before it is given:
- purpose of medication and therapeutic effect
 - unwanted side effects
 - any known drug interactions with drugs the resident is currently taking
 - a and c
 - All of the above

DMA CLASSROOM TRAINING TEST

10. T F When medication is removed from the pharmacy-labeled container, it must be administered to the resident immediately by the person removing the medication from the container.
11. T F The initials of the person who administers the medication, must be entered at the time the medication is given.

12. List the 6 rights of Medication Administration:

<u>Resident</u>	<u>Dosage</u>
<u>Medication</u>	<u>Documentation</u>
<u>Route</u>	<u>Date</u>

13. T F If the MAR is missing the initials of the staff who administered a medication and you cannot verify the medication was given, Medical must be notified. This is a med error.
14. T F If the resident refuses to take their medication, you should record the refusal on EMAR and complete the Event report.
15. T F When a resident is going on a LOA (Leave of Absence), you should remove the meds from the bubble pack and place in another container and label the new container for the resident to take with him or her.
16. T F If a PRN medication is prescribed, you need to know what it is prescribed for, and the PRN medication can only be given for the reason it is prescribed.
17. T F When giving a PRN medication, record the reason for giving the PRN medication, follow-up with effectiveness one hour later, write a note that describes in detail what was observed.
18. T F Medication errors must be reported to the nurse and to the home manager. An event report must be completed.
19. T F It is important for the DMA to be familiar with the medications that are being administered to the residents. The DMA should also be familiar with common side effects.
20. T F It is not important for the DMA to be able to educate the resident about his or her medications.

DMA CLASSROOM TRAINING TEST

21. T F It is important to avoid distractions when preparing and or passing medications.
22. Prior to administering medications to a resident you should:
- ask the resident to tell you his or her name
 - identify the resident with his or her photo on EMAR
 - hand them a glass of water
 - All of the above
23. What is the medication administration time frame?
- half hour before and half hour after the correct administration time.
 - one hour before and one hour after the correct administration time
 - whenever the resident decides to take his or her medication
24. T F Good hand-washing technique is not important when you are passing medications.
25. T F When assisting a resident to apply a topical medication, it is alright to use your fingers to remove the medication from the jar.
26. T F Liquid medication is poured at eye level, on a flat surface.
27. T F The resident has the right to refuse medication, but also has the right to know the consequences of refusing the medications.
28. T F Controlled substances must be counted by the on-coming shift (DMA) and the going shift (DMA).
29. T F It is alright to store internal and external medications together.
30. T F When a blood sugar on a diabetic client is below 70, you should treat them with the hypoglycemic protocol, call the medical staff or on call personnel, and retest their blood sugar in 20 minutes.

INITIAL MEDICAL TRAINING TEST

1. T F ___ It is important to report and record any change in physical condition or behavior of a resident.
2. If a person has a seizure, you should:
 - a) keep the person safe and free from injury by laying them down with something soft
 - b) time the seizure and provide first aid as necessary once the seizure is over
 - c) loosen restrictive clothing
 - d) all of the above
3. T ___ F The circulatory system is made up of the blood, heart, and the brain.
4. The primary purpose of the respiratory system is to:
 - a) supply oxygen to the tissue cells and eliminate carbon dioxide waste from the cells
 - b) bring food and nutrients to the tissue cells
 - c) both a and b
 - d) none of the above
5. T F ___ People with dysphagia have difficulty swallowing and may experience pain while swallowing.
6. T F ___ Food pieces that are too large for swallowing may enter the throat and block the passage of air, causing a person with dysphagia to not be able to swallow safely.
7. T F ___ If a resident is choking you should call 911.
8. T ___ F You can modify a diet without a physician's order or a behavior plan.
9. T F ___ Food or liquid that stays in the airway may enter the lungs and allow harmful bacteria to grow, resulting in a lung infection called aspiration pneumonia.
10. T ___ F Dysphagia is not serious. An individual with dysphagia will still be able to take in enough of the right foods to stay healthy.
11. T F ___ A regular diet is not subject to dietary restrictions.
12. T F ___ A mechanical soft diet is used for individuals who have difficulty chewing regular textured foods.
13. T F ___ Foods that are difficult for the individual to chew are chopped, ground, shredded and/or soft cooked to facilitate chewing and ease of swallowing, this is called a mechanical soft diet.

14. The musculoskeletal system is comprised of:
- a) sclera, retina, and cornea
 - b) bones, ligaments, joints, and muscles, and tendons
 - c) both a and b
 - d) none of the above
15. The endocrine system regulates the function of the
- a) central nervous system
 - b) the entire body
 - c) the respiratory system
 - d) none of the above
16. T F ___ Diabetes comes in two forms, Type I and Type II.
17. One of the most common diseases of the endocrine system is:
- a) diabetes
 - b) phlebitis
 - c) endocarditis
 - d) myocarditis
18. T F ___ It is important to wear gloves when coming in contact with blood or body fluids.
19. T F ___ After removing disposable gloves it is important to wash your hands.
20. What are the parameters for vital signs?
- a) Temp: 96.99
 - b) Pulse: 50/100
 - c) Respirations: 12-20
 - d) Blood pressure 100/90
21. T F ___ Behavioral changes can be due to a medical issue.
22. T ___ F If a seizure lasts 3 minutes long and the resident does not have a history of seizures there is no need to follow up with a physician at this time.
23. T F ___ It is a resident's right to refuse medical treatment, but if you as a staff feel that it is a medical emergency you should call 911 and let the resident refuse to the paramedics.