



Certificate of Completion

IS HEREBY GRANTED TO _____

Jessica Lee

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN _____

DMA

TYPE OF TRAINING

6/18/2020

COMPLETION DATE

Chavandy Dagailla

TRAINER SIGNATURE



Medication Administration In-Service and Evaluation

In-Service #	Date						Comments
	1st	2nd	3rd	4th	5th	6th	
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 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.

Janice Jones

Erin W...

6/18/20

6/18/20