

# ANNUAL DMA RECERTIFICATION TEST

05

1 List the six patient rights:

right route                      right dose  
right time                      documentation  
right person/name              medication

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

Yes     No    Explain:

Pour at eye level with label covered w/  
hand

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

Yes     No    Explain:

Controlled substance log must be  
signed at every Dma change & ~~over~~  
and at medication passes

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

Yes     No    Explain:

Not without a doctor's written  
prescription

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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:

medications errors are to be reported when happened, or when found if on paper.

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

Yes  No Explain:

only the Dma has the keys and must have them on them 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:

You can only use that person's medication

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

Yes  No Explain:

do not dose insulin if sugar is  
under 70 unless the prescription  
states different but you must let  
on call know

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

Yes  No Explain:

You must check blood pressures before  
dosing blood pressure medications in  
case blood pressure is already low.

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

Yes  No Explain:

7-8-8:59pm. you have 1 hour before  
medication times 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:

Once popped if refused by ~~resident~~  
the ending medication time medication  
~~must~~ must be destroyed by the person  
who popped them

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

Yes  No Explain:

all medications require a written order  
NO verbal orders can be accepted.

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:

Put in the resident refused then you  
have 30 mins to pass on paper then  
if after the 30 min you have to contact  
on call then the nurse

15. OTC means other than called for?

Yes  No Explain:

Over the counter medications

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

1 tablespoon is 15 ml

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17. NPO means nothing para oral?

Yes  No Explain:

*05*  
NPO is a doctor order for nothing  
by mouth/orally.

18. All controlled substances are returned to the pharmacy to be repackaged?

Yes  No Explain:

all unused ~~and~~ controlled must be destroyed  
in a secure lock box or the nurse  
can destroy

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

Yes  No Explain:

Psychotropic medication's relax  
muscles

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

Yes  No Explain:

Medications cause ~~constit~~ constipation



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Stanton The Lodge

Employee Receiving In-Service: Melinda Bollinger

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: 7/20/20 Time: 12:00 am  pm Trainer: B. Slll

**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							X	
	a. Location of ample supplies prior to administration							X	
	b. Area is clean and organized							X	
	c. Area is always locked							X	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)							X	
2	DMA washes hands prior to administering medications and between each Resident							X	
3	Medication keys are retained by DMA							X	
4	Resident is identified per facility policy and procedure prior							X	
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications							X	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy							X	
	b. If Apical Pulse is required, privacy is provided							X	
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'							X	
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR							X	
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle							X	



## 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							X	
	d. Observe Resident to ensure medication is swallowed							X	
	e. Offer adequate and appropriate fluid with medication							X	
	f. Medication record is signed immediately after administration of same							X	
	g. Controlled substance record is signed immediately after administration of same							X	
	h. Correct dose is administered							X	
	i. Medication is administered at correct time							X	
	j. Verify no additional MAR pages have been added							X	
7	Infection control technique is reviewed							X	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)							X	
	a. Resident is properly positioned, at a 45° sitting angle							X	
	b. Tube is checked for placement and patency							X	
	c. Tube is flushed before, between and after medications are administered							X	
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure							X	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping							X	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results							X	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.							X	
11	DMA administers eye and ear medication according to facility policies and procedures							X	
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							X	
13	Medication administration should not interrupted. DO NOT RUSH							X	
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure							X	
15	Residents' rights are observed							X	
16	Location, Procedures and Documenting for administering PRN							X	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)							X	
18	Medications are administered within time frame per facility policy							X	



## 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							X	
20	Medication area is cleaned and locked after completion of medication administration							X	
21	Designated Medication Administrator can identify action and common side effects of medications administered							X	
22	Approved Abbreviations List is reviewed							X	
23	Seizure precautions and documentation							X	
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer							X	
25	2nd Staff Verification, what it is, when it is needed, and how to document it							X	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)							X	

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

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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.

Meunda Bollinger  
Employee Signature

7-20-2020  
Date

Bonnie Scott  
Home Manager Signature

7/20/2020  
Date