



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Wavecrest

Employee Receiving In-Service: Sarah Freislinger

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: 8 / 21 / 20 Time: 8 : 00 (am) pm Trainer: C. Bennett

### 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								Good
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								Photo, Questioned
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'								Good
	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								Good



## Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6							✓	Good
7								
8							NA	
							NA	
							NA	
							NA	
9								went over how to give injection Acted out this
10								
11								
12								
13								
14								Locked Cabinet +
15								
16								
17								Good
18								



## Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19							✓	
20							}	Sanitized after Passing
21								
22								
23								Discussed
24								
25								Went over
26								

### 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.

S. Freislinger  
Employee Signature

8/21/20  
Date

Carolyn Bennett  
Home Manager Signature

8-21-20  
Date

# ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

Right Person

Right Medication

Right Time

Right Dose

Right Route

Right Documentation

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

Yes  No Explain:

On a flat surface at eye level  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes  No Explain:

Each time the medication is passed and at Shift  
Change  
\_\_\_\_\_  
\_\_\_\_\_

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

Yes  No Explain:

Only with a written doctors order  
\_\_\_\_\_  
\_\_\_\_\_

# ANNUAL DMA RECERTIFICATION TEST

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

Yes     No    Explain:

Double locked

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

Yes     No    Explain:

All errors should be reported

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

Yes     No    Explain:

On the DMA at all times

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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:

The medication must belong to that resident

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# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Administer per the doctors order

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

Yes  No Explain:

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

Yes  No Explain:

one hour before up to one hour after

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

Yes  No Explain:

Destroyed of property

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# ANNUAL DMA RECERTIFICATION TEST

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

Yes     No    Explain:

Must have doctors orders on file for all medications

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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:

Document as a refusal, get permission to pass late and document on MAR and do a misc note in nextstep

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15. OTC means other than called for?

Yes     No    Explain:

Over the Counter

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16. One Tablespoon is equal to 30ml?

Yes     No    Explain:

15 ml = 1 TBS

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# ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes  No Explain:

Nothing by mouth

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

Yes  No Explain:

Disposed of properly

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

Yes  No Explain:

This is a common problem

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

Yes  No Explain:

This is also a common problem

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