



BEACON
Specialized Living

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							✓	
a.								
b.								
c.								Good
d.								
2								
3								
4								Photo, Questioned
5								
a.								
b.								
6								Good
a.								
b.								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

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:

<u>Person</u>	<u>med</u>
<u>Route</u>	<u>dose</u>
<u>Documentation</u>	<u>Time</u>

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

Yes No Explain:

Flat Surface @ eye level

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

Yes No Explain:

each time its passed + 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
on file

ANNUAL DMA RECERTIFICATION TEST

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:

~~All~~ All errors need reported

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

Yes No Explain:

On the designated DMA @ 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:

Must be the med prescribed to the
individual

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Per doctors order

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

Yes No Explain:

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

Yes No Explain:

1 hour before up to 1 hour after

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

Yes No Explain:

Properly disposed of

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

All orders must be on file

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:

enter as a refusal, call medical for permission to pass, document on paper mar and do a miss note

15. OTC means other than called for?

Yes No Explain:

Over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

15ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No Explain:

Nothing by mouth

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

Yes No Explain:

Disposed of by the designated person

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

Yes No Explain:

Common problem

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

Yes No Explain:

Common side effect