



Certificate of Completion IS HEREBY GRANTED TO

John Stokes

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

10/16/20

COMPLETION DATE

A handwritten signature in black ink, appearing to read "John Stokes", is written over a horizontal line.

TRAINER SIGNATURE



Medication Administration In-Service and Evaluation

Name of Facility/Home: Kal Haven

Employee Receiving In-Service: John Stokes

Date of 1st In-Service: / / Time: : am / pm Trainer:

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: 10 / 16 / 20 Time: 8 : 00 am / pm Trainer: Patti Miller

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	☐	☐	☐	☐	☐	☐	☒	



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	☐	☐	☐	☐	☐	☐	☒	
	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)	☐	☐	☐	☐	☐	☐	☐	NA
	a. Resident is properly positioned, at a 45° sitting angle	☐	☐	☐	☐	☐	☐	☐	NA
	b. Tube is checked for placement and patency	☐	☐	☐	☐	☐	☐	☐	NA
	c. Tube is flushed before, between and after medications are administered	☐	☐	☐	☐	☐	☐	☐	NA
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	☐	☐	☐	☐	☐	☐	☒	



Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19 Medication errors are reported to Site Supervisor 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 Guide to Drugs Book	☐	☐	☐	☐	☐	☐	☒	
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.

John C Stokes
Employee Signature

10-16-20
Date

Patti Miller
Home Manager Signature

10/16/20
Date