



Certificate of Completion
IS HEREBY GRANTED TO

Natalia Wilson

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

10/19/20

COMPLETION DATE

Bette Wilson

TRAINER SIGNATURE



Medication Administration In-Service and Evaluation

Name of Facility/Home: Kal Haven

Employee Receiving In-Service: Natalia Wilson

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:	Time: <u>10 / 19 / 20</u>	am / pm	Trainer: <u>Patti Miller</u>

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

	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							✓	
Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP							✓	
a. If Pulse and BP are required, hands and equipment are washed per facility policy							✓	
b. If Apical Pulse is required, privacy is provided							✓	
5 Medications Administration per facility policy and procedure: to include review of the '6 Rights'							✓	
a. Medications are properly removed from container/dieter 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							✓	
6								

Medication Administration In-Service and Evaluation

In-Service #	1st 2nd 3rd 4th 5th 6th						Eval.	Comments
	1st	2nd	3rd	4th	5th	6th		
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	d. Observe Resident to ensure medication is swallowed					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	e. Offer adequate and appropriate fluid with medication					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	f. Medication record is signed immediately after administration of same					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	g. Controlled substance record is signed immediately after administration of same					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	h. Correct dose is administered					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	i. Medication is administered at correct time					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	j. Verify no additional MAR pages have been added					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Infection control technique is reviewed					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication via gastric tube administered per facility policy and procedure (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Resident is properly positioned, at a 45° sitting angle
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Tube is checked for placement and patency
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Tube is flushed before, between and after medications are administered
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DMA administers eye and ear medication according to facility policies and procedures
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication administration should not interrupted. DO NOT RUSH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Controlled drugs are stored (Double Locked) according to facility policy and procedure
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Residents' rights are observed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Location, Procedures and Documenting for administering PRN
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medications are administered within time frame per facility policy

Home Manager Signature Patti Miller Date 10/19/20

Employee Signature [Signature] Date 10.19.20

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.

Specify time frame for completion: N/A

FOLLOW UP CONCERNS

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication errors are reported to Site Supervisor and RN teaching medication classes					
20	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medication area is cleaned and locked after completion of medication administration					
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Designated Medication Administrator can identify action and common side effects of medications administered					
22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Approved Abbreviations List is reviewed					
23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seizure precautions and documentation					
24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book					
25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2nd Staff Verification, what it is, when it is needed, and how to document it					
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)					

Medication Administration In-Service and Evaluation

