



Medication Administration In-Service and Evaluation

Name of Facility/Home: WV/Meadowland

Employee Receiving In-Service: Danyell Haer

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: 10/17/20

Time: 8:00 am / pm Trainer: Kim

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								NA	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping								NA	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results								NA	
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 Home Manager 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 Epocrates link on staff computer							✓	
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.

Danyell Grace
Employee Signature

10/17/20
Date

Kym Howard
Home Manager Signature

10/17/20
Date

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

<u>Route</u>	<u>Medication</u>
<u>Time</u>	<u>Dose</u>
<u>Person</u>	<u>Documentation</u>

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

Yes No Explain:

The cup is set on a flat surface and
poured into the cup as to get an
accurate measurement.

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

Yes No Explain:

Controlled substance log is signed with
each pass as well as every shift
change.

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

Yes No Explain:

The resident is required to have a
doctor's order for the DMA to crush their
medications.

ANNUAL DMA RECERTIFICATION TEST

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

Yes

No

Explain:

Controlled substances as well as all other medications are to be double locked.

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

Yes

No

Explain:

All medication errors are to be reported whether they cause harm or not.

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

Yes

No

Explain:

The medication keys are to be on your person 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 are not to use another resident's medication for someone else. That would be considered a medication error as it is not following the 6 rights.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

You do not check the glucose when administering Lantus.

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

Yes No Explain:

Lisinopril, Tenormin and Norvasc are blood pressure medications, however blood pressure readings are not always required with these medications.

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

Yes No Explain:

8:00 medications are given between 7 and 9.

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

Yes No Explain:

medications are not to be popped unless the resident is ready. If they are popped and refused you would dispose of them with a staff present.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

There has to be an order for every
medication or treatment to be administered.

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:

The resident was in the home. It would be marked
as resident refused. If the resident woke up and
asked, depending on time, the nurse would provide
permission to pass. A misc note would be done and marked
off on paper MAR.

15. OTC means other than called for?

Yes No Explain:

OTC means over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

One tablespoon is equal to 15ml.

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No

Explain:

NPO means nothing by mouth.

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

Yes No

Explain:

All controlled substances are returned to the pharmacy to be repackaged as they are controlled by the government.

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

Yes No

Explain:

It is a common side effect of psychotropic medication.

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

Yes No

Explain:

Constipation is a common side effect of psychotropic medication.