



Medication Administration In-Service and Evaluation

Name of Facility/Home: Hobza / River Run

Employee Receiving In-Service: Tosha Dewitt

Date of 1st In-Service*: 10 / 11 / 20 Time: 8 : 00 am / pm Trainer: James Guerin
*This is done by a regional nurse

Date of 2nd In-Service: 10 / 20 / 20 Time: 8 : 00 am / pm Trainer: Josh Liggins

Date of 3rd In-Service: 10 / 20 / 20 Time: 12 : 00 am / pm Trainer: Josh Liggins

Date of 4th In-Service: 10 / 20 / 20 Time: 4 : 00 am / pm Trainer: Josh Liggins

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: 10 / 20 / 20 Time: 12 : 00 am / pm Trainer: AW Japir

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

Tasha Dewulf
 Employee Signature

10/21/20
 Date

Autryl Wapin
 Home Manager Signature

10/21/2020
 Date

20/20

100%

Tasha Dewitt

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

right resident

right route

right medication

right documentation

right dose

right time

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

Yes

No

Explain:

Liquid medication is to be on a flat surface
when poured and has to be measured at eye level

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

Yes

No

Explain:

Controlled substance is to be logged after every
dose is passed, delivery of medication to home, when signed
out for 10a, and change in Dma's.

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

Yes

No

Explain:

There has to be an order on file from
the physician to be able to crush.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Controlled substances should be double locked
according to policy and procedures.

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

Yes No Explain:

Any and all medication errors should be reported
immediately.

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

Yes No Explain:

Medication keys should stay on assigned DMA
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:

no medication should ever run out. The nurse should
be contacted. Never acceptable to pass another resident's
medications regardless if it is the correct medication and
close.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Any medication needs to be administered
as prescribed by the physician.

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

Yes No Explain:

These medications can cause blood pressures
to fluctuate.

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

Yes No Explain:

There is an hour window before and after designated
time. Some medications may be administered as early as
5am and as late as 7am.

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

Yes No Explain:

Medications that have been popped are
to be disposed of according to policy & procedure.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

A physician has to order insulin for the client. we can not just decide that we want to administer someone insulin.

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:

If you are unable to give medication in the designated time frame the nurse needs to be notified immediately. The medication should be marked as resident refused. If approved by nurse the medication will be recorded 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:

1 Tablespoon is equal to 15ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No Explain:

NPO is non para oral = nothing by mouth

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

Yes No Explain:

All controlled substances need to be destroyed according to policy and procedures.

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

Yes No Explain:

Choking and aspiration are common problems that clients should be monitored for.

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

Yes No Explain:

Constipation can be a side effect with psychotropic medications.