ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

right route — right dose
right patient — right Documentation
right time + Date — right Medication

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

☐ Yes ☒ No Explain:

All medication needs to be poured at eye level - flat surface

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

☐ Yes ☒ No Explain:

all medications (controlled) needs to be counted before and after each shift. or when they are transfered.

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

☐ Yes ☒ No Explain:

must have orders to crush any medications

ANNUAL DMA RECERTIFICATION TEST

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

☐ Yes ☒ No Explain:

All controlled substance needs to be in a double lock for storage.

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

☐ Yes ☒ No Explain:

All medication errors needs to be reported and documented

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

☐ Yes ☒ No Explain:

Keys remain on 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:

You never give another resident some one else medications.

ANNUAL DMA RECERTIFICATION TEST

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

☐ Yes ☒ No Explain:

Only administer any insulin Medication Per Residents doctor instructions

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

☒ Yes ☐ No Explain:

These Medications are Antihypertensive and used to treat hypertension

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

☐ Yes ☒ No Explain:

8:00 Medications can be given an hour before up until hour after.

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

☐ Yes ☒ No Explain:

NO once a Medication is refused you must put in discard Box. They can never be replaced.

ANNUAL DMA RECERTIFICATION TEST

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

☐ Yes ☒ No Explain:

all orders need to have a Written Order.

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:

has to be marked as refused and write a mise note.

15. OTC means other than called for?

☐ Yes ☒ No Explain:

OTC - Over the counter

16. One Tablespoon is equal to 30ml?

☐ Yes ☒ No Explain:

1 table spoon is 15 ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

☐ Yes ☒ No Explain:

NPO- Nothing By mouth

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

☐ Yes ☒ No Explain:

Controled Medications Must Be Counted and destroyed By home nurse

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

☐ Yes ☒ No Explain:

Psycho Medications often cause Choking and asprates.

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

☐ Yes ☒ No Explain:

Psycho Medicatin cause Constipatin

BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Lesine

Employee Receiving In-Service: Jordan Hill

Date of 1st In-Service*: 7/15/20 Time: 8:00 (am) / pm Trainer: Angie Stults

*This is done by a regional nurse

Date of 2nd In-Service: 7/15/20 Time: 5:00 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: __:__ am / pm Trainer: _____

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	✓	✓						

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Specialized Living

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	✓	✓						

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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 Organization's **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.

Employee Signature — Date: 7-15-20

Home Manager Signature — Date: 7-15-20

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Certificate of Completion

IS HEREBY GRANTED TO

Jordon Hill

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Annual DMA Certification

TYPE OF TRAINING

7-15-20

COMPLETION DATE

TRAINER SIGNATURE