BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Kaitlin Patches

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training

TYPE OF TRAINING

11/14/20

COMPLETION DATE

Deasha Kelp

TRAINER SIGNATURE

BEACON
Specialized Living

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.

Employee Signature — *Date* 11/14/20

Keasha Kelp — *Home Manager Signature* — *Date* 11/14/20

BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Fife Lake

Employee Receiving In-Service: Kaitlin Patches

Date of 1st In-Service*: 11/13/20 Time: 10:20 (am) / pm Trainer: Neasha Kelp
*This is done by a regional nurse

Date of 2nd In-Service: 11/13/20 Time: 10:45 (am) / pm Trainer: Neasha Kelp

Date of 3rd In-Service: 11/14/20 Time: 9:30 (am) / pm Trainer: Neasha Kelp

Date of 4th In-Service: 11/14/20 Time: 12:30 am / (pm) Trainer: Neasha Kelp

Date of 5th In-Service: 11/14/20 Time: 2:15 am / (pm) Trainer: Neasha Kelp

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

Date of Final Evaluation: 11/14/20 Time: 4:30 am / (pm) Trainer: Neasha Kelp

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	√	√	√	√	√		√	

BEACON 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	✓	✓	✓	✓	✓		✓	