



Certificate of Completion
IS HEREBY GRANTED TO

Jeremy Spicer

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Designated Medication Administration

TYPE OF TRAINING

11/19/20

COMPLETION DATE

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: The Oaks
 Employee Receiving In-Service: Jeremy Spicer
 Date of 1st In-Service*: 11/3/20 Time: 7:09 am/pm am Trainer: Jennifer Vanderploeg
*This is done by a regional nurse
 Date of 2nd In-Service: 11/18/20 Time: 8:10 am/pm am Trainer: Tori Worobleski
 Date of 3rd In-Service: 11/18/20 Time: 11:1 am/pm am Trainer: Tori Worobleski
 Date of 4th In-Service: 11/18/20 Time: 3:5 am/pm am Trainer: Tori Worobleski
 Date of 5th In-Service: 11/19/20 Time: 7:9 am/pm am Trainer: Vanessa Berry
 Date of 6th In-Service: 11/19/20 Time: 12:00 am/pm am Trainer: Rebecca Johnson

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 #	Medication Area						Comments
	1st	2nd	3rd	4th	5th	6th	
1	✓	✓	✓	✓	✓	✓	
2	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	
	✓	✓	✓	✓	✓	✓	

Home Manager Signature: Deborah Johnson Date: 11/19/20

Employee Signature: [Signature] Date: 11/19/20

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	✓	✓	✓	✓	✓	✓	✓	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 Epoproclon 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)

Medication Administration In-Service and Evaluation



ANNUAL 'DMA' RECERTIFICATION TEST

Deveny's po

1.) List the Six (6) Patient Rights:

_____	_____
<i>Route</i>	<i>Tissue</i>
_____	_____
<i>Person</i>	<i>dosage</i>
_____	_____
<i>Documentation</i>	<i>Med</i>

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

Yes No Explain: *no, because it has to be on a flat surface at eye level*

3.) Controlled Substance Medication Count Sheet is signed after the shift is over?

Yes No Explain: *No before the shift ends*

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

Yes No Explain: *If will mess the dosage up.*

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

Yes No Explain: *Double locked*

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

Yes

No

Explain:

1 hour before, 1 hour after

after

12.)

Medications that have been popped from a bubble pack and then the resident refuses to take them, are put back in the bubble pack?

Yes

No

Explain:

No you have to ~~discard~~ discard them

13.)

Orders to no have to be on record for insulin injections?

Yes

No

Explain:

No you have to have a order for your medication.

14.)

When a Resident gets up late for a medication pass, just enter in the EMAR system "Resident Not in the Home for Medication Pass" and give the medication to the resident whenever they wake up?

Yes

No

Explain:

You will have to call, or call nurse

15.)

OTC means "Other Than Called" for?

Yes

No

Explain:

Over the counter

16.) One Tablespoon is equal to 30ml?

Yes

No

Explain:

one tablespoon is equal 14.787 mL

17.) NPO means "para oral"?

Yes

No

Explain:

Nothing by Mouth

18.) All Controlled Substances are returned to the pharmacy to be repackaged?

Yes

No

Explain:

Never returned to pharmacy

19.) Choking and aspiration is a rare problem among Residents on Psychotropic medications?

Yes

No

Explain:

Not rare its common

20.) Constipation is never a side effect of Psychotropic medications?

Yes

No

Explain:

its a side effect