



Certificate of Completion
IS HEREBY GRANTED TO

Karla Thompson
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

11-3-2020 Karla Watkins

COMPLETION DATE

TRAINER SIGNATURE



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)							✓	

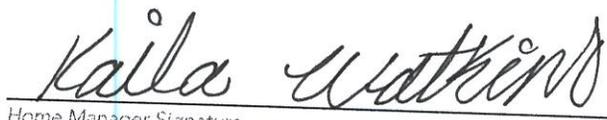
FOLLOW UP CONCERNS

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

11/3/2020
Date


Home Manager Signature

11/3/2020
Date



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

Name of Facility/Home: Mission Point

Employee Receiving In-Service: Kayla Thompson

Date of 1st In-Service*: 8/15 Time: 8:00 am/pm am pm Trainer: CD
*This is done by a regional nurse

Date of 2nd In-Service: 9/15 Time: 2:00 am/pm am pm Trainer: EN

Date of 3rd In-Service: 9/11 Time: 12:00 am/pm am pm Trainer: MD

Date of 4th In-Service: 9/29 Time: 2:00 am/pm am pm Trainer: MD

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

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

Date of Final Evaluation: 11/3/20 Time: 4:00 am/pm am pm Trainer: Karla Watkins

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	✓						✓	