

Guadalupe Lopez  
11/24/2020

Passed  
SK/DD

## ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

person                      dosage  
route                        medication  
time                         documentation

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

Yes  No Explain:

@ eye level but not in hands  
on a flat surface like  
counter top.

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

Yes  No Explain:

@ the beginning & the end  
of shift. If given any  
controlled substance sign when taken.  
Also if have to transfer Med Keys from one  
DMA to another DMA during shift

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

Yes  No Explain:

Only w/ Dr. orders

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

Yes  No Explain:

Should be double locked.  
Med room door. + second locked.

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

Yes  No Explain:

Always report any med errors

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

Yes  No Explain:

Always keep keys on you. Never  
give keys to no one.

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:

Never share meds.

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

Yes  No Explain:

Depends on the med order.

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

Yes  No Explain:

All these <sup>meds</sup> are for High BP

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

Yes  No Explain:

Meds may be given 1 Hr. before + 1 Hr. after.

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

Yes  No Explain:

Meds are to be destroyed with another witness

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

Yes  No Explain:

Always have to be an order  
on hand for any insulin injection

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:

Prompt resident 3 times to take  
meds. Record as a refusal. make a miscellaneous note

15. OTC means other than called for?

Yes  No Explain:

Over the counter

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

1 Tablespoon equals to 14 ml.  
15

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17. NPO means nothing para oral?

Yes  No

Explain:

*nothing by mouth*

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

Yes  No

Explain:

*They are to be destroyed.*

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

Yes  No

Explain:

*after side effect course Choking  
and aspiration*

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

Yes  No

Explain:

*Can be a side of effects of  
many different meds.*

Guadalupe Lopez



Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6							✓	
							✓	
							✓	
							✓	
							✓	
							✓	
							✓	
							✓	
7							✓	
8								<i>Went over verbally will need this training when working in a home where residents require this type of care</i>
9								<i>Went over verbally will need to be trained when working in a home where residents require this type of care</i>
10							✓	
11							✓	
12							✓	
13							✓	
14							✓	
15							✓	
16							✓	
17							✓	
18							✓	



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Salem

Employee Receiving In-Service: Guadelupe Lopez

Date of 1st In-Service\*:     /     /     Time:    :     am / pm Trainer:    

\*This is done by a regional nurse

Date of 2nd In-Service:     /     /     Time:    :     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: 11/24/20 Time: 7:30 am  pm Trainer: Shelly Keivall

**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
19							✓	
20							✓	
21							✓	
22							✓	
23							✓	
24							✓	
25							✓	
26							✓	

### 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.

Guadalupe Lopez  
 Employee Signature

11-24-20  
 Date

Shelly Skewitt  
 Home Manager Signature

11-24-2020  
 Date