



**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Lake View Manor

Employee Receiving In-Service: Ashely Holladay

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: 10/19/20 Time: 8:00 (am/pm) Trainer: C. White

**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
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

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: NO CONCERNS  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.

Ashley Holladay  
Employee Signature

10/19/2020  
Date

[Signature]  
Home Manager Signature

10/19/2020  
Date

# ANNUAL 'DMA' RECERTIFICATION TEST

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

RIGHT RESIDENT  
RIGHT MEDICATION  
RIGHT ROUTE

RIGHT DOSE  
RIGHT TIME  
DOCUMENTATION

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

Yes       No      Explain:

LIQUID MEDICATION SHOULD BE MEASURED EYE LEVEL ON A  
LEVEL SURFACE

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

Yes       No      Explain:

CONTROLLED SUBSTANCE COUNT SHOULD BE SIGNED DURING  
SHIFT CHANGE AND AFTER A CONTROLLED MEDICATION IS  
PASSED

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

Yes       No      Explain:

MEDICATIONS MAY ONLY BE CRUSHED WITH ~~THE~~ A DOCTOR  
ORDER

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

Yes       No      Explain:

CONTROLLED SUBSTANCES ARE DOUBLE LOCKED

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

Yes  No Explain:

ALL MEDICATION ERRORS NEED TO BE REPORTED AND  
RECORDED

7.) The Medication Room Keys are left hanging on a special hook in the office area?

Yes  No Explain:

MEDICATION ROOM KEYS SHOULD BE ON THE DESIGNATED  
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:

A RESIDENTS MEDICATION SHOULD NEVER BE SHARED  
WITH ANOTHER RESIDENT, EVEN IF IT IS THE SAME MEDICATION  
AND DOSE

9.) Always give Lantus insulin regardless of the glucose level?

Yes  No Explain:

GLUCOSE LEVELS SHOULD BE CHECKED BEFORE PASSING INSULIN. INSULIN  
SHOULD NOT BE GIVEN WHEN BLOOD GLUCOSE IS OUT OF RANGE

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

Yes  No Explain:

THEY ARE BLOOD PRESSURE MEDICATIONS

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

Yes  No Explain:

NO MEDICATIONS CAN ONLY BE PASSED THE HOUR BEFORE AND  
AFTER THE DESIGNATED TIME. AN 8 O'CLOCK MED CAN BE PASSED  
BETWEEN 7 AND 9

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:

ONCE A MEDICATION IS POPPED IT CANNOT BE PUT BACK IF  
THE RESIDENT REFUSES IT. IT SHOULD BE DESTROYED WITH  
ANOTHER STAFF

13.) Orders to no have to be on record for insulin injections?

Yes  No Explain:

ALL MEDICATIONS NEED TO HAVE A WRITTEN ORDER.

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:

~~IT HAS TO BE RECORDED AS REFUSED AND A MISC~~  
IT HAS TO BE RECORDED AS REFUSED AND A MISC  
NOTE MUST BE MADE

15.) OTC means "Other Than Called" for?

Yes  No Explain:

OTC MEANS OVER THE COUNTER

16.) One Tablespoon is equal to 30ml?

Yes  No Explain:

ONE TABLE SPOON IS 15 ML

17.) NPO means "para oral"?

Yes  No Explain:

NPO MEAN NOTHING BY MOUTH

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

Yes  No Explain:

ALL CONTROLLED SUBSTANCES ARE COUNTED AND DESTROYED BY A RN AND ONE OTHER PERSON

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

Yes  No Explain:

CHOKING AND ASPIRATION ARE A COMMON SIDE EFFECT

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

Yes  No Explain:

CONSTIPATION IS A COMMON SIDE EFFECT OF PSYCHOTROPIC MEDICATIONS