

DMA CLASSROOM TRAINING TEST

NAME: Aubrey Klapul DATE: 2/4/2021 SCORE: _____

1. Where should medication keys be kept?

On the DMA at all times.

2. T F _____ PRN is an abbreviation for as needed or whenever necessary.

3. T _____ F NPO is an abbreviation for by mouth

4. T _____ F Prescription medication, including dietary supplements, or individual special medical procedures do not need to have a physician or dentist order.

5. T F _____ Prescription medications are to be kept in the original pharmacy container which is labeled for a specific resident, and locked and refrigerated if required.

6. T _____ F You should preset each resident's medication in order to save time.

7. If a resident can't swallow their medications and needs to be crushed, we need:

- a. a pill crusher
- b. the resident to chew the pill
- c. a physician's order

8. The medication administration record (MAR) contains the following information:

- a. the medication, the side effects, and time to be administered.
- b. the medication, the dosage, the side effects
- c. the medication, the dosage, label instructions for use, and time to be administered
- d. the medication, dosage

9. The following information about each medication must be obtained before it is given:

- a. purpose of medication and therapeutic effect
- b. unwanted side effects
- c. any known drug interactions with drugs the resident is currently is taking
- d. a and c
- e. All of the above

DMA CLASSROOM TRAINING TEST

10. T F When medication is removed from the pharmacy-labeled container, it must be administered to the resident immediately by the person removing the medication from the container.

11. T F The initials of the person who administers the medication, must be entered at the time the medication is given.

12. List the 6 rights of Medication Administration:

Right Medication

Right Person

Right Dose

Right Route

Right Time

Right Documentation

13. T F If the MAR is missing the initials of the staff who administered a medication and you cannot verify the medication was given, the resident's physician must be notified. This is a med error.

14. T F If the resident refuses to take their medication, you should record the refusal on EMAR and complete the Event report? *Depends how many Refusals they've had or if their CMH has different Requirements.*

15. T F When a resident is going on a LOA (Leave of Absence), you should remove the meds from the bubble pack and place in another container and label the new container for the resident to take with him or her.

16. T F If a PRN medication is prescribed, you need to know what it is prescribed for, and the PRN medication can only be given for the reason it is prescribed.

17. T F When giving a PRN medication, record the reason for giving the PRN medication, follow-up with effectiveness one hour later, write a note that describes in detail what was observed.

18. T F Medication errors must be reported to the nurse and to the home manager. An event report must be completed.

19. T F It is important for the DMA to be familiar with the medications that is being administered to the residents. The DMA should also be familiar with common side effects.

20. T F It is not important for the DMA to be able to educate the resident about his or her medications. *And if they do not know the information off hand then they can use Epocrates to inform themselves & the Residents.*

Aubrey Napier
2/4/2021

DMA TRAINING

LIST OF MEDICATIONS TO COMPLETE FOR DMA TRAINING

Use the attached forms to look up each of the medications listed below. Each line must be completed and turned in the day that you do your final DMA Evaluation with your ROM (Regional Operation Manager) for your area. You will not be able to become DMA certified until all of the forms are completed [48]
See slide 65 in DMA Packette

Mental Illness Anxiety Disorders	Inhalers Allergy / Asthma	Hyperlipidemia Statins	Diabetes Endocrine & Metabolic
Abilify Ativan (1) Clozaril (2) Depakote (3) Haldol (4) Invega Klonopin Lamictal (5) Lithium Risperdal Seroquel Tripleptal Zyprexa	Advair Discus Atrovent Flonase (6) Flovent Loratadine Proventil	Crestor Lipitor (7) Zocor	Apidra Byetta Glucophage Glyburide Lantus Levemir Levothyroxine (8) Novolog Synthroid (8)
Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
Dilantin Keppra (9) Neurontin Topamax	Colace Miralax Prilosec Protonix Zantac	HCTZ (hydrochlorothiazide) Lisinopril (10) Toprol Tenormin	Flexeril Motrin Norco Tylenol with Codeine Ultram

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DMA Code #1 2483 DMA Code #2 6297 DMA Code #3 3351

DRUG NAME	Xhvan
GENERIC NAME	Zorazepam
DOSAGE RANGE	0.5mg - 2mg Tab/ven / 2mg injection / 2mg, 4mg ^{liquid}
HOW TO TAKE	As prescribed
USES	Anxiety, insomnia short-term, preoperative sedation
SIDE EFFECTS	Respiratory Depression, dependency, sedation
WARNINGS	Risks from Concomitant Opioid Use

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSAGE RANGE	25mg, 100mg
HOW TO TAKE	As prescribed
USES	Schizophrenia, tx-resistant,
SIDE EFFECTS	Seizures, neutropenia, stroke, arrhythmia, syncope
WARNINGS	Appropriate use, Severe Neutropenia, Seizures

DRUG NAME	Depakote
GENERIC NAME	Divalproex Sodium
DOSAGE RANGE	125mg, 250mg, 500mg
HOW TO TAKE	As prescribed
USES	bipolar disorder, absence seizures, migraines
SIDE EFFECTS	headache, nausea, vomiting, hyponatremia, bleeding
WARNINGS	Hepatotoxicity, Fetal risk, Pancreatitis

DRUG NAME	Haldol
GENERIC NAME	Haloperidol
DOSAGE RANGE	
HOW TO TAKE	As prescribed
USES	Epocrates states "Brand Discontinued in US"
SIDE EFFECTS	
WARNINGS	

DRUG NAME	Lamictal
GENERIC NAME	Lamotrigine
DOSAGE RANGE	25mg, 100mg, 150mg, 200mg
HOW TO TAKE	As prescribed
USES	Bipolar disorder, partial seizures, migraines
SIDE EFFECTS	rash, severe, Steven-Johnson's syndrome, vertigo
WARNINGS	Serious rash

DRUG NAME	Flonase
GENERIC NAME	Fluticasone Propionate Nasal
DOSAGE RANGE	4-11yo 1 spray in each nostril, Adult 2 spray in
HOW TO TAKE	As prescribed each nostril
USES	Allergy sx
SIDE EFFECTS	unhealed nasal septal ulcer, nasal wound.
WARNINGS	None listed

DRUG NAME	Lipitor
GENERIC NAME	Atorvastatin
DOSAGE RANGE	10mg, 20mg, 40mg, 80mg
HOW TO TAKE	As prescribed
USES	Hypercholesterolemia, mixed dyslipidemia
SIDE EFFECTS	myopathy, tendon rupture, pancreatitis
WARNINGS	None listed

DRUG NAME	Synthroid
GENERIC NAME	Levothyroxine
DOSAGE RANGE	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg,
HOW TO TAKE	As prescribed 137mcg, 150mcg, 175mcg,
USES	Hypothyroidism, TSH suppression. 200mcg, 300mcg,
SIDE EFFECTS	Hypersensitivity, HTN, Arrhythmia, Seizures
WARNINGS	Not for Obesity/Weight loss

DRUG NAME	Keppra
GENERIC NAME	Levetiracetam
DOSAGE RANGE	250mg, 500mg, 750mg, 1000mg
HOW TO TAKE	As prescribed
USES	Partial seizures, primary generalized tonic seizure
SIDE EFFECTS	Depression, hostility, psychosis, neutropenia
WARNINGS	None Listed

DRUG NAME	Lisinopril ↑
GENERIC NAME	Prinivil ↓
DOSAGE RANGE	10mg, 20mg
HOW TO TAKE	As prescribed
USES	HTN, heart failure, migraine headache, MI acute
SIDE EFFECTS	Dizziness, hypotension, headache, fatigue, cough
WARNINGS	Fetal Toxicity

Name: Aubrey & Laper
2/4/2021

Medical Training Test

- What are the ranges for vital signs?
 - Blood Pressure: Sys. 90-160, Dias. 50-90
 - Pulse: 50-100 bpm
 - Temperature: 96-99
 - Respirations: 12-20
- When are vital signs taken on a resident?
 - When a resident shows signs of infection or reports not feeling well.
 - At the beginning of each month and as needed.
 - As indicated on the MAR.
 - All of the above
- When is it okay to call 911 before contacting anyone else?
 - When the resident tells you to.
 - When the resident has chest pain, shortness of breath/breathing difficulties, seriously high or low vital signs, signs of a stroke, sudden change in condition or is non-responsive.
 - When the resident is experiencing coughing, sneezing and runny nose.
 - When the resident is experiencing nausea vomiting and diarrhea.
- T ___ F : When a resident leaves the home, staff does not have to bring their Epi Pen with them if they don't want to.
- What does the stroke acronym FAST stand for?
 - F: Face Drooping
 - A: Arm Weakness
 - S: Speech Difficulty
 - T: Time to Call 911
- If a resident has an incident of choking, when is it okay not to call 911?
 - When the resident says they are okay.
 - When the Heimlich technique was used.
 - When the regional nurse is on-site, completes an assessment and approves that 911 does not need to be called.
 - When vital signs are normal.
- T F ___: It is important to report and record any change in physical condition or behavior of a resident.
- T F ___: Behavioral changes can be due to a medical issue.
- T ___ F : If a seizure lasts 3 minutes long and the resident does not have a history of seizures there is no need to call 911 immediately.
- T ___ F : The circulatory system is made up of the blood, heart, and the brain.

11. The primary purpose of the respiratory system is to:
- Supply oxygen to the tissue cells and eliminate carbon dioxide waste from the cells.
 - Bring food and nutrients to the tissue cells.
 - Both a and b.
 - None of the above.
12. T F ____: Foods that are difficult for someone to chew are chopped, ground, shredded and/or soft cooked to facilitate chewing and ease of swallowing, this is called a mechanical soft diet. *If prescribed.*
13. T ____ F : When a resident is eating and they are gagging, coughing, drooling, sticking their fingers into the back of their throat, or food is pooling in their mouth, it is not important to contact medical.
14. If a resident has a physician's order for a regular diet, the resident can consume:
- Only liquids.
 - Foods that are dry and sticky.
 - All types of foods and liquids.
 - Only what is on the menu.
15. The musculoskeletal system is comprised of:
- Sclera, retina, and cornea.
 - Bones, ligaments, joints, muscles and tendons.
 - Both a and b.
 - None of the above.
16. What does the acronym RICE stand for?
- R: Rest
 - I: Ice
 - C: Compress
 - E: Elevate
17. T F ____: The skin is the largest organ in the human body.
18. What are the signs and symptoms of a urinary tract infection?
- Urinary frequency, low abdominal/back pain
 - Diarrhea, blood in the stool
 - Burning or pain when urinating, blood in the urine
 - Confusion
 - a, c, and d
19. T F ____: The hormones produced by the endocrine system regulate the entire body.
20. Uncontrolled diabetes can lead to:
- Heart disease.
 - Dental disease.
 - Nerve damage.
 - All of the above.

21. T ___ F : In type 1 diabetes, the pancreas continues to produce insulin normally.
22. T F ___: In type 2 diabetes, some people can control their blood sugar levels with healthy eating and exercise.
23. If a resident has a blood sugar of 61 you should:
- Call 911.
 - Give them insulin.
 - Treat with hypoglycemic kit then recheck blood sugar 20 minutes later.
 - All of the above. *If then unconscious then call 911*
24. T ___ F : If a resident has a blood sugar of 350, you should treat with sugar or carbohydrates.
25. After an insulin vial or pen is opened it has an expiration date of:
- 28 days later.
 - There is no expiration date.
 - 60 days later.
 - The manufacturer's expiration date.
26. T ___ F : Communicable diseases are only transmitted by direct contact.
27. The best way to prevent the flu is by:
- Staying at home.
 - Getting a flu vaccine each year.
 - Washing your hands after going to the bathroom.
 - Wearing a mask and gloves at all times.
28. T ___ F : You can get the flu by getting a flu shot.
29. The best prevention to the spread of infection is:
- Washing your hands.
 - Washing your hands.
 - Washing your hands.
 - All of the above.
30. If a resident has a seizure you should:
- Keep the person safe and free from injury by laying them down with something soft.
 - Time the seizure and provide first aid as necessary once the seizure is over.
 - Loosen restrictive clothing.
 - All of the above.
31. T ___ F : You can limit a resident's diet without a behavior plan or physician's order.
32. T F ___: It is important to wear gloves when there is the potential to come into contact with blood or bodily fluids.

33. T ___ F : After removing disposable gloves you do not need to wash your hands.
34. T F ___: It is a resident's right to refuse medical treatment, but if you as a staff feel that it is a medical emergency you should call 911 and let the resident refuse to the paramedics.
35. If you accidentally poke yourself with a used insulin needle, what should you do next?
- a. Clean site well with soap and water then notify supervisor immediately.
 - b. Use hand sanitizer and call 911.
 - c. Do not tell anyone.
 - d. Clean site well with soap and water and notify your supervisor at the end of your shift.
36. T ___ F : It is acceptable to operate a lifting device by yourself.
37. When lifting or transferring a client you must:
- a. Know how many people need to assist.
 - b. Make the resident do it themselves.
 - c. Communicate with your partner and the resident.
 - d. Both a and c.
38. T ___ F : Assistive devices do not need a physician's order.
39. T ___ F : It is not necessary to report a fall to medical if no one was hurt.
40. What should you do if a resident experiences a fall?
- a. Take their vitals.
 - b. Check for obvious signs of injury.
 - c. Report to home manager and medical. - complete proper reporting
 - d. All of the above.



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: River Run

Employee Receiving In-Service: Aubrey Napier

Date of 1st In-Service: 2 / 3 / 21 Time: 8 : 00 am / pm Trainer: Training Department

Date of 2nd In-Service: 2 / 3 / 21 Time: 12 : 00 am / pm Trainer: Training Department

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: 2 / 4 / 21 Time: 2 : 00 am / pm 4 : 00 Trainer: Brittany Miller

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. Area is clean and organized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	c. Area is always locked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					



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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	h. Correct dose is administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15	Residents' rights are observed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

FOLLOW UP CONCERNS

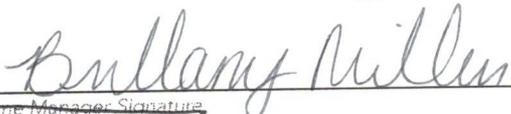
Specify time frame for completion: _____ N/A

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

 2/4/2021
 Date



 Home Manager Signature
 Trainer

 2/4/2021
 Date