



Certificate of Completion

IS HEREBY GRANTED TO

Alexandra Williams

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

02.03.2021

COMPLETION DATE

A handwritten signature in black ink, appearing to read "Amber", written over a horizontal line.

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge

Employee Receiving In-Service: Alexandra Williams

Date of 1st In-Service: _____ / _____ / _____	Time: _____ : _____	am / pm	Trainer: _____
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: <u>02 / 01 / 21</u>	Time: <u>8</u> : <u>00</u>	am / pm	Trainer: <u>Patti Miller</u>

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

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
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			e. Offer adequate and appropriate fluid with medication					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			f. Medication record is signed immediately after administration of same					
	<input checked="" 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"/>			h. Correct dose is administered					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			i. Medication is administered at correct time					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			j. Verify no additional MAR pages have been added					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			7					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			8					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Medication via gastric tube administered per facility policy and procedure (if applicable)					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			a. Resident is properly positioned, at a 45° sitting angle					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			b. Tube is checked for placement and patency					
	<input checked="" 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"/>			9					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			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"/>			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"/>			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"/>			10					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			DMA crushes medication according to facility policy and procedure ONLY with physician's orders.					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			11					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			DMA administers eye and ear medication according to facility policies and procedures					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			12					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			13					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Medication administration should not be interrupted. DO NOT RUSH					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			14					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Controlled drugs are stored (Double Locked) according to facility policy and procedure					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			15					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Residents' rights are observed					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			16					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Location, Procedures and Documenting for administering PRN					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			17					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			18					
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			Medications are administered within time frame per facility policy					

Patti Miller
Home Manager Signature

02.03.21
Date

Employee Signature

[Handwritten Signature]

2.3.21
Date

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

Medication Administration In-Service and Evaluation

