



Certificate of Completion
IS HEREBY GRANTED TO

Michael Neevel

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA

TYPE OF TRAINING

2/17/21

COMPLETION DATE

Rubena Johnson

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge

Employee Receiving In-Service: Michael Nevel

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

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 #	In-Service #						Comments
	1st	2nd	3rd	4th	5th	6th	
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication Area				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Location of ample supplies prior to administration				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Area is clean and organized				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	c. Area is always locked				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)				
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DMA washes hands prior to administering medications and between each Resident				
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication keys are retained by DMA				
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resident is identified per facility policy and procedure prior				
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. If Pulse and BP are required, hands and equipment are washed per facility policy				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. If Apical Pulse is required, privacy is provided				
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medications Administration per facility policy and procedure: to include review of the '6 Rights'				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Medications are properly removed from container/dispenser pack and (✓) dot is placed in appropriate box on MAR				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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	<input checked="" type="checkbox"/>	<input type="checkbox"/>					

Home Manager Signature Rebecca Johnson Date 2/17/21

Employee Signature Michael Newell Date 2/17/21

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



ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights: 1

Person _____
 Med _____
 Dose _____
 Time _____
 Route _____
 Documentation _____

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

Yes No Explain:

Fill to appropriate level while at eye level.

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

Yes No Explain:

Counted and signed by DMA of 1st & 3rd shifts.

(Also each time substance is passed)

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

Yes No Explain:

Only if specified by doctors orders

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Separate from routine meds.

Double lock

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

Yes No Explain:

Always report med error to nurse & send event report.

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

Yes No Explain:

Held by DMA & passed to next DMA.

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 cross meds between clients. Contact pharmacy.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No

Explain:

Dis orders may be sliding scale, might hold if sugar is below a certain level.

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

Yes No

Explain:

These are blood pressure medications

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

Yes No

Explain:

Between 7 and 9

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

Yes No

Explain:

Destroy meds with a witness.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Always have orders on record.

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:

If permission given by nurse for a late pass, use the exception "passed out of +:medtime"

15. OTC means other than called for?

Yes No Explain:

Over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

5ml

ANNUAL DMA RECERTIFICATION TEST

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:

Only if repackaging is needed

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

Yes No Explain:

Common

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

Yes No Explain:

Constipation is a possible side effect