



Certificate of Completion
IS HEREBY GRANTED TO

Brian Happel
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA training
TYPE OF TRAINING

11.2.2020
COMPLETION DATE

Sherry Davis
TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Coster North
 Employee Receiving In-Service: Brian Hoppel

Date of 1st In-Service*	Time	Trainer
4/10/20	8:00 am	ENorthrup
4/11/20	8:00 am	ENorthrup
4/12/20	8:00 am	ENorthrup
6/7/20	2:00 am	ENorthrup
6/16/20	4:00 am	CDefalio
6/16/20	7:00 am	CDefalio
11/2/2020	12:00 am	CDefalio

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/biester 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

8830
 Cmply
 State
 She
 str
 wa
 in
 med
 HH

Date 11/2/2020

Home Manager Signature

Date 11/2/2020

Employee Signature

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	✓	✓	✓	✓	✓	✓	✓	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)

Medication Administration In-Service and Evaluation

