



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Sheffield

Employee Receiving In-Service: Amber Shephard

Date of 1st In-Service\*: 2/19/21 Time: 8:00  am / pm Trainer: Dee Perce

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:     /     /     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 #   | 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  | ✓   |     |     |     |     |     |       |          |



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|----|---|-----|-----|-----|-----|-----|-----|-------|----------|
| 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: \_\_\_\_\_  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.

*Amber Shephard*  
 \_\_\_\_\_  
 Employee Signature

*2/19/21*  
 \_\_\_\_\_  
 Date

*Beck Perce*  
 \_\_\_\_\_  
 Home Manager Signature

*2/19/21*  
 \_\_\_\_\_  
 Date

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Right Resident      time  
medication      Doseage  
Route      Documentation

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

Yes     No    Explain:

Liquid medication is poured at eye level on a level  
Surface.

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

Yes     No    Explain:

Controlled Substance log is signed after each  
pass and end of shift with oncoming staff.

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

Yes     No    Explain:

DMA may only crush tablets if unable to swallow  
and if script is written to say allowed to crush  
medication

# ANNUAL DMA RECERTIFICATION TEST

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

Yes     No    Explain:

According to policy and procedure Controlled  
Substances are stored under double locked, 1<sup>st</sup>  
in a locking box or container & 2<sup>nd</sup> inside a locked  
Cabinet

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

Yes     No    Explain:

All med errors need to be reported no matter  
what

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

Yes     No    Explain:

Medication room keys must be kept on the DMA  
all shift and handed off to on-coming 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 use another residents medications, Call  
Manager, and pharmacy to get a refill medication  
and nurse for permission to give outside time.  
then go get medication.

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Lantus Cannot be given if glucose level  
is too low.

(mentored Amber)

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

Yes  No Explain:

Mentored Amber on correct  
response

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

Yes  No Explain:

Eight o'clock medication may be given ~~at~~ between  
Seven (7) and Nine (9).

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

Yes  No Explain:

After a resident refuses and has been attempted  
3 times within that hour, medication must be destroyed

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Orders must be on record for insulin injections

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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:

You follow procedure, by calling medical explain the situation, get permission to pass meds outside time.

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15. OTC means other than called for?

Yes  No Explain:

Over the Counter

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16. One Tablespoon is equal to 30ml?

Yes  No Explain:

One tablespoon is equal to 15ml

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# ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes     No    Explain:

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18. All controlled substances are returned to the pharmacy to be repackaged?

Yes     No    Explain:

Controlled Substances are destroyed if unused, by  
Nursing. Only relabeled if medication is changed per  
DR. orders

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

Yes     No    Explain:

Choking & aspiration happens frequently while  
residents are on psychotropic medications, due to  
the sedation side effect of psychotropic medications

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

~~Yes~~     No    Explain:

yes,

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