



Certificate of Completion
IS HEREBY GRANTED TO

Hali Marr
NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMH Training
TYPE OF TRAINING

2.8.21
COMPLETION DATE

F. Gemas
TRAINER SIGNATURE

Hali Marr

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 Clozaril — Depakote — Haldol Invega Klonopin — Lamictal Lithium — Risperdal — Seroquel — Tripleptal Zyprexa	Advair Discus Atrovent Flonase — Flovent Loratadine Proventil	Crestor Lipitor Zocor	Apidra Byetta Glucophage Glyburide Lantus Levemir Levothyroxine Novolog Synthroid
Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
Dilantin Keppra — Neurontin Topamax	Colace — Miralax Prilosec Protonix Zantac —	HCTZ (hydorchlorothiazide) Lisinopril 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 1980

DMA Code #2 7930

DMA Code #3 2740

DRUG NAME	Depakate
GENERIC NAME	Divalproex Sodium
DOSAGE RANGE	30-60 mg per day;
HOW TO TAKE	By mouth
USES	Sickle disease, Bipolar disorder, migraine
SIDE EFFECTS	Depression, liver damage, suicidal thoughts
WARNINGS	Hepatotoxicity, pancreatitis,

DRUG NAME	Colace
GENERIC NAME	Docusate Sodium
DOSAGE RANGE	Not defined
HOW TO TAKE	By mouth
USES	Heart Burn, Stomach ache, (laxative, stool soft) (upset stomach)
SIDE EFFECTS	diarrhea, stomach pain
WARNINGS	N/A

DRUG NAME	clo Clozari
GENERIC NAME	clozapine
DOSAGE RANGE	25 mg, 100 mg, 150 mg, 300 mg
HOW TO TAKE	By mouth
USES	Schizophrenia, suicide prevention,
SIDE EFFECTS	drooling, drowsiness, light headedness, vision prob
WARNINGS	heart rhythm disturbance, fainting

DRUG NAME	Heppra
GENERIC NAME	levetiracetam
DOSAGE RANGE	250-1000 mg
HOW TO TAKE	By mouth
USES	Sickle disorders,
SIDE EFFECTS	decreased appetite, dizziness
WARNINGS	Hostility

DRUG NAME	Seroquel
GENERIC NAME	quetiapine
DOSAGE RANGE	25 mg - 400 mg
HOW TO TAKE	By mouth
USES	Schizophrenia, bipolar, mania
SIDE EFFECTS	Dry mouth, Headache, constipation
WARNINGS	agitation, fast heart beat, flu like symptoms

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSAGE RANGE	.5mg, 1mg, 2mg
HOW TO TAKE	By Mouth
USES	Seizure disorders, panic disorders, anxiety
SIDE EFFECTS	Drowsiness, dizziness, weakness, depression
WARNINGS	coma, death, depression

DRUG NAME	Risperdal
GENERIC NAME	Risperidone
DOSAGE RANGE	.25mg, ~ 4mg
HOW TO TAKE	By Mouth
USES	Schizophrenia, tics, Bipolar
SIDE EFFECTS	psychosis, Dementia Related, ↑
WARNINGS	Dizziness, Drowsiness

DRUG NAME	Zantac
GENERIC NAME	Ranitidine
DOSAGE RANGE	150, 300mg
HOW TO TAKE	By Mouth
USES	allergies upset stomach
SIDE EFFECTS	chronic pulmonary dz
WARNINGS	Renal impairment

DRUG NAME	Eskalith
GENERIC NAME	Lithium
DOSAGE RANGE	N/A
HOW TO TAKE	By Mouth
USES	Bipolar Anxiety Schizophrenia
SIDE EFFECTS	
WARNINGS	Discontinued

DRUG NAME	Flonase
GENERIC NAME	Fluticasone propionate nasal
DOSAGE RANGE	1-2 puffs in each nostril
HOW TO TAKE	Inhalant
USES	Allergies
SIDE EFFECTS	Runny nose, Dry Mouth
WARNINGS	



Medication Administration In-Service and Evaluation

Name of Facility/Home: East Jordan

Employee Receiving In-Service: Hali Marr

Date of 1st In-Service*: 2 / 3 / 21 Time: 1: 00 am / pm Trainer: Training Dept
*This is done by a regional nurse

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

Date of 3rd In-Service: ~~2 / 8 /~~ 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 / 8 / 21 Time: 8 : 00 am / pm Trainer: F. Giemas

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		✓	✓					✓	



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							
	✓	✓					✓	
	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.

Hali Mark
Employee Signature

2.8.21
Date

F. Gemaw
Home Manager Signature

2.8.21
Date

DMA CLASSROOM TRAINING TEST

NAME: Hali Marr DATE: 2.3.21 SCORE: _____

1. Where should medication keys be kept?

on the DMA person on shift

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 pill crusher
 - the resident to chew the pill
 - a physician's order
8. The medication administration record (MAR) contains the following information:
- the medication, the side effects, and time to be administered.
 - the medication, the dosage, the side effects
 - the medication, the dosage, label instructions for use, and time to be administered
 - the medication, dosage
9. The following information about each medication must be obtained before it is given:
- purpose of medication and therapeutic effect
 - unwanted side effects
 - any known drug interactions with drugs the resident is currently is taking
 - a and c
 - 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 Client
Right Dosage
Right time

Right medication
Right Route
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?

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.

DMA CLASSROOM TRAINING TEST

21. T F It is important to avoid distractions when preparing and or passing medications?
22. Prior to administering medications to a resident you should:
- ask the resident to tell you his or her name
 - identify the resident with his or her photo on EMAR
 - hand them a glass of water
 - All of the above
23. What is the medication administration time frame?
- half hour before and half hour after the correct administration time.
 - one hour before and one hour after the correct administration time
 - whenever the resident decides to take his or her medication
24. T F Good hand-washing technique is not important when you are passing medications.
25. T F When assisting a resident to apply a topical medication, it is alright to use your fingers to remove the medication form the jar.
26. T F Liquid medication is poured at eye level.
27. T F The resident has the right to refuse medication, but also has the right to know the consequences of refusing the medications.
28. T F Controlled substances must be counted by the on-coming shift (DMA) and the-going shift (DMA).
29. T F It is alright to store internal and external medications together.
30. T F When a blood sugar on a diabetic client is below 70, you should call the medical staff or on call personnel, and treat them with the hypoglycemic protocol and retest their blood sugar in 20 minutes?

Name: Hali Marr

Medical Training Test

1. What are the ranges for vital signs?
 - a. Blood Pressure: _____
 - b. Pulse: 100-120 Bpm
 - c. Temperature: 98.6
 - d. Respirations: 20-22 pm

2. When are vital signs taken on a resident?
 - a. When a resident shows signs of infection or reports not feeling well.
 - b. At the beginning of each month and as needed.
 - c. As indicated on the MAR.
 - d. All of the above

3. When is it okay to call 911 before contacting anyone else?
 - a. When the resident tells you to.
 - b. 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.
 - c. When the resident is experiencing coughing, sneezing and runny nose.
 - d. When the resident is experiencing nausea vomiting and diarrhea.

4. 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.

5. What does the stroke acronym FAST stand for?
 - F: ace
 - A: rm
 - S: peeon
 - T: ime

6. If a resident has an incident of choking, when is it okay not to call 911?
 - a. When the resident says they are okay.
 - b. When the Heimlich technique was used.
 - c. When the regional nurse is on-site, completes an assessment and approves that 911 does not need to be called.
 - d. When vital signs are normal.

7. T F ___ : It is important to report and record any change in physical condition or behavior of a resident.

8. T F ___ : Behavioral changes can be due to a medical issue.

9. 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.

10. 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.
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: compression
 - E: elevation
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.
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?
- Clean site well with soap and water then notify supervisor immediately.
 - Use hand sanitizer and call 911.
 - Do not tell anyone.
 - 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:
- Know how many people need to assist.
 - Make the resident do it themselves.
 - Communicate with your partner and the resident.
 - 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?
- Take their vitals.
 - Check for obvious signs of injury.
 - Report to home manager and medical.
 - All of the above.

Hali Marr

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

Right Client
Right Route
Right Dosage

Right time
Right medication
Right Documentation

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

Yes No Explain:

not in your hand, medication should
be poured at eye level on a level
counter

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

Yes No Explain:

Before and after every shift

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

Yes No Explain:

No, you have to have a physicians
order

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

No, Double lock; Door and
Medication Cupboard lock

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

Yes No Explain:

Medication Errors must always
be Reported

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

Yes No Explain:

No, medication keys need to be
with the DMA Employee on
Site

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:

No, Medications can only be
given to the Resident if it is
prescribed to from their own
Subscription count.
prescription

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

insulin is only to be given Based
on current glucose level

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

Yes No Explain:

yes, Because Those are all
Blood pressure medication

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

Yes No Explain:

medication Scheduled at 8pm can
only be given

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

Yes No Explain:

They are disposed of after documen-
tation on a misc note and
Email and Event Report

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Orders for any medication
must be documented and
checked in no matter what

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 have to mark it as refused,
if the resident wakes up and wants
meds call nurse for permission then
document in misc note and paper MAR

15. OTC means other than called for?

Yes No Explain:

OTC means over the counter

16. One Tablespoon is equal to 30ml?

14.79

Yes No Explain:

one table spoon is equal to 14.79
ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No Explain:

NPO means nothing by mouth.

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

Yes No Explain:

no must be destroyed by Regional Nurse per DMA Guidelines

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

Yes No Explain:

no, it's very common

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

Yes No Explain:

no, it's very common