



Medication Administration In-Service and Evaluation

Name of Facility/Home: Sheffield

Employee Receiving In-Service: Elizabeth Pierce

Date of 1st In-Service*: 03/11/21 Time: 12:00 am (pm) Trainer: Shelly Skudder
*This is done by a regional nurse

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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	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.

Deh Perce

Employee Signature

3/11/21

Date

Shelly Kenneth DP

Home Manager Signature

03/11/2021

Date

ANNUAL DMA RECERTIFICATION TEST

Passed
SK
DD
3/12/2021

1 List the six patient rights:

Resident _____ time _____
medication _____ dose _____
route _____ documentation _____

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

Yes No Explain:

you should get eye level with
medication cup on desk/counter

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

Yes No Explain:

at the beginning and ending of
shift and if passed for on your
shift. Also when keys are passed to another
DMA during shift

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

Yes No Explain:

you must have doctors order

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

ANNUAL DMA RECERTIFICATION TEST

Yes No Explain:

they must be double locked

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

Yes No Explain:

they All need to be reported
And recorded

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

Yes No Explain:

they should be on hand at
all times

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:

you can not use someone else's
medication

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

Yes No Explain:

ANNUAL DMA RECERTIFICATION TEST

It has to be given per doctors
orders

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

Yes

No

Explain:

these meds are for high blood
pressure

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

Yes

No

Explain:

hour before or an hour after

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

Yes

No

Explain:

they are either to be destroyed
or put in a box if it is a
controlled medication.

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

Yes

No

Explain:

ANNUAL DMA RECERTIFICATION TEST

all must have a script
from a doctor.

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:

Should be marked as a refusal
and documented in misa notes
and a call to regional nurse

15. OTC means other than called for?

Yes No Explain:

over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

15ml

17. NPO means nothing para oral?

Yes No Explain:

take nothing by mouth

ANNUAL DMA RECERTIFICATION TEST

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

Yes

No

Explain:

must be destroyed by regional nurse
and another staff

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

Yes

No

Explain:

It is a side effect

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

Yes

No

Explain:

Often happens