

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

Right Person
Right Medication
Right Dose

Right Route
Right time
Right Documentations

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

Yes No Explain:

Liquid medication is to be poured at eye
level with the cup on a flat surface
such as a counter

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

Yes No Explain:

Controlled substance log is signed after each time the
controlled substance is passed, a delivery of controlled
substances comes in, controlled substances are signed out for
an LOA and when responsibility for controlled substance
changes between DMA's (shift change)

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

Yes No Explain:

There has to be an order on file
to crush tablets by the prescribing
physician

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

Yes No Explain:

Controlled substances should be stored
double locked according to policy and
procedure

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

Yes No Explain:

Any and all medications errors should be
reported immediately.

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

Yes No Explain:

Medication keys should stay on the
assigned DMA at all times throughout
their shift.

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 medication should ever run out, If it does
happen the nurse needs to be notified, This is never
acceptable to pass another clients medication to
another client even if its the same medication
and dose.

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

Yes No Explain:

Any medication needs to be administered as
prescribed by the physician

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

Yes No Explain:

These medications can cause blood
pressure to fluctuate,

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

Yes No Explain:

There is ^a 1 hour window before and after designated
times so 8pm medications may be administered
as early as 7pm and as late as 9pm

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

Yes No Explain:

Medications that have been popped then
refused by the client should be discarded,

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

Yes No Explain:

A physician has to order/prescribe insulin injections.
for a client, we cannot just decide we want
to administer someone a medication.

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 you are unable to give the medication within
the designated timeframe the nurse needs to be notified,
The medication should be marked as "resident refused"
Then if approved by the nurse the medication pass would be
recorded on the paper MAR

15. OTC means other than called for?

Yes No Explain:

OTC means "over the counter"

16. One Tablespoon is equal to 30ml?

Yes No Explain:

one tablespoon is equal to 15 ML

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17. NPO means para oral?

Yes No Explain:

NPO means Non-para oral = Nothing by mouth

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

Yes No Explain:

All controlled substances need to be
destroyed according to policy and procedure

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

Yes No Explain:

choking and aspiration can be a
common problem that clients should
be monitored for.

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

Yes No Explain:

Constipation can be a possible side effect
of psychotropic medications
