DMA Code
0917
1001
0630

Medication Administration In-Service and Evaluation

Name of Facility/Home: Cascade

Employee Receiving In-Service: Barbara Fairchild

Date of 1st In-Service: 02 / 24 / 21 Time: 8 : 00 am / pm Trainer: Training Dept.

Date of 2nd In-Service: 02 / 24 / 21 Time: 10 : 00 am / pm Trainer: Training Dept.

Date of 3rd In-Service: 3 / 19 / 21 Time: 2 : 00 am / pm Trainer: Angie Sole

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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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	✓	✓	✓					

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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor 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 Guide to Drugs Book	✓	✓	✓					
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.

Barb Farrell
Employee Signature

3-19-21
Date

Anne Slutz
Home Manager Signature

3.19.21
Date

Name: Barbara Fairchild

Medical Training Test

1. What are the ranges for vital signs?
   a. Blood Pressure: 90-160
   b. Pulse: 50-100
   c. Temperature: 96° 99°
   d. Respirations: 12-20

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 X : 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: Face dropping
   - A: arm weakness
   - S: speach difficulty
   - T: Time to call 911

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 X F____: It is important to report and record any change in physical condition or behavior of a resident.

8. T X F____: Behavioral changes can be due to a medical issue.

9. T____ F X : 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 X : The circulatory system is made up of the blood, heart, and the brain.

21. T____ F_X_: In type 1 diabetes, the pancreas continues to produce insulin normally.

22. T_X_ 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:
    a. Call 911.
    b. Give them insulin.
    c. Treat with hypoglycemic kit then recheck blood sugar 20 minutes later.
    d. All of the above.

24. T____ F_X_: 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:
    a. 28 days later.
    b. There is no expiration date.
    c. 60 days later.
    d. The manufacturer's expiration date.

26. T____ F_X_: Communicable diseases are only transmitted by direct contact.

27. The best way to prevent the flu is by:
    a. Staying at home.
    b. Getting a flu vaccine each year.
    c. Washing your hands after going to the bathroom.
    d. Wearing a mask and gloves at all times.

28. T____ F_X_: You can get the flu by getting a flu shot.

29. The best prevention to the spread of infection is:
    a. Washing your hands.
    b. Washing your hands.
    c. Washing your hands.
    d. All of the above.

30. If a resident has a seizure you should:
    a. Keep the person safe and free from injury by laying them down with something soft.
    b. Time the seizure and provide first aid as necessary once the seizure is over.
    c. Loosen restrictive clothing.
    d. All of the above.

31. T____ F_X_: You can limit a resident's diet without a behavior plan or physician's order.

32. T_X_ F____: It is important to wear gloves when there is the potential to come into contact with blood or bodily fluids.

33. T____ F_X_: After removing disposable gloves you do not need to wash your hands.

34. T_X_ 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 accidently poke yourself with a used insulin needle, what should you do next?
    a. Clean site well with soap and water then notify supervisor immediately.
    b. Use hand sanitizer and call 911.
    c. Do not tell anyone.
    d. Clean site well with soap and water and notify your supervisor at the end of your shift.

36. T_X_ F_X_: It is acceptable to operate a lifting device by yourself.

37. When lifting or transferring a client you must:
    a. Know how many people need to assist.
    b. Make the resident do it themselves.
    c. Communicate with your partner and the resident.
    d. Both a and c.

38. T____ F_X_: Assistive devices do not need a physician's order.

39. T____ F_X_: 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?
    a. Take their vitals.
    b. Check for obvious signs of injury.
    c. Report to home manager and medical.
    d. All of the above.

Barbara Fairchild

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 0917 DMA Code #2 1001 DMA Code #3 0630

DRUG NAME	Klonopin
GENERIC NAME	clonazepam
DOSAGE RANGE	0.5 mg, 1 mg, 2 mg
HOW TO TAKE	by mouth whole
USES	seizure disorder, panic disorder, anxiety
SIDE EFFECTS	respiratory depression, drowsiness, dizziness
WARNINGS	Risks from concomitant opioid use

DRUG NAME	Seroquel
GENERIC NAME	~~quetiapa~~ quetiapine
DOSAGE RANGE	25mg, 50mg, 100 mg, 200 mg, 300mg, 400mg
HOW TO TAKE	by mouth whole
USES	schizophrenia, bipolar I disorder
SIDE EFFECTS	suicidality, depression exacerbation, somnolence
WARNINGS	dementa-related psychosis, suicidality

DRUG NAME	Flonase
GENERIC NAME	fluticasone propionate nasal
DOSAGE RANGE	1-2 actuations in each nostril
HOW TO TAKE	nasal
USES	Allergy relief
SIDE EFFECTS	headache, nausea
WARNINGS	hypersensitivity rxn, anaphylaxis

DRUG NAME	lipitor
GENERIC NAME	atorvastatin
DOSAGE RANGE	10mg, 20 mg, 40 mg, 80mg
HOW TO TAKE	by mouth whole
USES	hypercholesterolemia, hypertriglyceridemia
SIDE EFFECTS	uri, headache, diarrhea, myopathy
WARNINGS	immune-mediated necrotizing myopathy

DRUG NAME	Levothyroxine
GENERIC NAME	Euthyrox
DOSAGE RANGE	25mcg, 50mcg, 75mcg, 88 mcg, 100 mcg, 112mcg, 137mcg, 150mcg, 175mcg, 200mcg
HOW TO TAKE	oral by mouth whole injection in a vein
USES	Hypothyroidism, TSH suppression
SIDE EFFECTS	arrhythmia, palpitations, tremor, nervousness
WARNINGS	not for obesity / weight loss

DRUG NAME	Topamax
GENERIC NAME	topiramate 100mg-200mg
DOSAGE RANGE	15mg, 25mg - sprinkle cap Tab - 25mg, 50mg
HOW TO TAKE	by mouth whole
USES	partial seizures, seizure - primary generalized tonic clonic
SIDE EFFECTS	cognitive dysfxn, paresthesia
WARNINGS	metabolic acidosis, nephrolithiasis

DRUG NAME	colace
GENERIC NAME	docusate sodium
DOSAGE RANGE	50 mg - 300 mg
HOW TO TAKE	by mouth
USES	laxative
SIDE EFFECTS	diarrhea, abdominal cramps
WARNINGS	

DRUG NAME	lisinopril
GENERIC NAME	prinivil
DOSAGE RANGE	10mg - 20mg
HOW TO TAKE	liquid by mouth
USES	heart failure, migraine headace prophylaxis
SIDE EFFECTS	stevens-Johnson syndrome, dizziness
WARNINGS	fetal toxicity

DRUG NAME	motrin
GENERIC NAME	ibuprofen
DOSAGE RANGE	1-2 tabs by mouth
HOW TO TAKE	by mouth
USES	Pain relief
SIDE EFFECTS	stroke, gi bleeding, constipation
WARNINGS	

DRUG NAME	Tylenol ~~with codeine~~
GENERIC NAME	acetaminopher
DOSAGE RANGE	6yrs-11yrs - 1 tab 12yrs + older 1-2 tab
HOW TO TAKE	by mouth whole
USES	Pain reduction
SIDE EFFECTS	anaphylaxis, nausea, rash
WARNINGS	