BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Nicholas Evans

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Train The Trainer

TYPE OF TRAINING

2/22/21

COMPLETION DATE

Leah Mills

TRAINER SIGNATURE

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Medication Administration In-Service and Evaluation

Name of Facility/Home: DMA Train the Trainer - Sand/Saunders Point Lodge

Employee Receiving In-Service: Nicholas Evans

Date of 1st In-Service: __/__/__ Time: __:__ am / pm Trainer: _____

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: 02/16/21 Time: 9:00 am / pm Trainer: Traning Dept. LM, CD, DS

Date of Final Evaluation: 02/22/21 Time: 9:00 am / pm Trainer: Training Dept. LM, DS

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	☐	☐	☐	☐	☐	✓	☐	

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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.

Employee Signature — *Date* 2-22-2021

Home Manager Signature — *Date* 2-22-21