



**BEACON**  
Specialized Living

# Certificate of Completion

IS HEREBY GRANTED TO

Artamien Morris

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Virtual training and in-service

TYPE OF TRAINING

3/20/21

COMPLETION DATE

*Leah Mills*

TRAINER SIGNATURE



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Nicolet Lodge

Employee Receiving In-Service: Afta M. Ellis

Date of 1st In-Service: 3 / 19 / 21 Time: 9 : 00 am / pm Trainer: Training Dept

Date of 2nd In-Service: 3 / 19 / 21 Time: 11 : 00 am / pm Trainer: Training Dept

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: 3 / 20 / 21 Time: 8 : 00 am / pm Trainer: Afta M. Ellis

### 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  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | a. Location of ample supplies prior to administration  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | b. Area is clean and organized   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | c. Area is always locked   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 2            | DMA washes hands prior to administering medications and between each Resident  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 3            | Medication keys are retained by DMA  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 4            | Resident is identified per facility policy and procedure prior   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 5            | Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | a. If Pulse and BP are required, hands and equipment are washed per facility policy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | b. If Apical Pulse is required, privacy is provided  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 6            | Medications Administration per facility policy and procedure: to include review of the '6 Rights'                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|              | b. Liquid medication is poured at eye level, with palm covering label of stock bottle  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |



## 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          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | d. Observe Resident to ensure medication is swallowed   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | e. Offer adequate and appropriate fluid with medication   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | f. Medication record is signed immediately after administration of same   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | g. Controlled substance record is signed immediately after administration of same   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | h. Correct dose is administered   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | i. Medication is administered at correct time   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | j. Verify no additional MAR pages have been added   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 7  | Infection control technique is reviewed   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 8  | Medication via gastric tube administered per facility policy and procedure (if applicable)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | a. Resident is properly positioned, at a 45° sitting angle  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | b. Tube is checked for placement and patency  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | c. Tube is flushed before, between and after medications are administered   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 9  | Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
|    | b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 10 | DMA crushes medication according to facility policy and procedure ONLY with physician's orders.                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 11 | DMA administers eye and ear medication according to facility policies and procedures  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 12 | Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 13 | Medication administration should not interrupted. DO NOT RUSH   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 14 | Controlled drugs are stored (Double Locked) according to facility policy and procedure  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 15 | Residents' rights are observed  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 16 | Location, Procedures and Documenting for administering PRN  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 17 | Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 18 | Medications are administered within time frame per facility policy  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |



## Medication Administration In-Service and Evaluation

| In-Service # | 1st   | 2nd                                 | 3rd                                 | 4th                      | 5th                      | 6th                      | Eval.                               | Comments |
|--------------|---|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------|
| 19           | Medication errors are reported to Site Supervisor and RN teaching medication classes                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 20           | Medication area is cleaned and locked after completion of medication administration                         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 21           | Designated Medication Administrator can identify action and common side effects of medications administered | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 22           | Approved Abbreviations List is reviewed   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 23           | Seizure precautions and documentation   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 24           | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 25           | 2nd Staff Verification, what it is, when it is needed, and how to document it                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 26           | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |

### FOLLOW UP CONCERNS

Specify time frame for completion: \_\_\_\_\_  N/A

\_\_\_\_\_

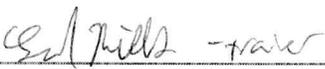
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\_\_\_\_\_

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

3-23-21  
Date

  
Home Manager Signature

3-20-21  
Date

# DMA CLASSROOM TRAINING TEST

NAME: Jay Morris DATE: 3-21 SCORE: 94%

1. Where should medication keys be kept?

ON person DMA

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. a pill crusher
- b. the resident to chew the pill
- c. a physician's order

8. The medication administration record (MAR) contains the following information:

- a. the medication, the side effects, and time to be administered.
- b. the medication, the dosage, the side effects
- c. the medication, the dosage, label instructions for use, and time to be administered
- d. the medication, dosage

9. The following information about each medication must be obtained before it is given:

- a. purpose of medication and therapeutic effect
- b. unwanted side effects
- c. any known drug interactions with drugs the resident is currently is taking
- d. a and c
- e. 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 person

Right time

Right med

Right ~~time~~ doc

Right Recgt

Right Dose

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?