



Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon Specialty Living - Ludington

Employee Receiving In-Service: Laura Prutch

Date of 1st In-Service: 1 / 27 / 21 Time: 1 : 00 am / pm Trainer: Training Department

Date of 2nd In-Service: 1 / 27 / 21 Time: 3 : 00 am / pm Trainer: Training Department

Date of 3rd In-Service: 2 / 17 / 21 Time: 4 : 00 am / pm Trainer: David Bafter

Date of 4th In-Service: 2 / 25 / 21 Time: 8 : 00 am / pm Trainer: David Bafter

Date of 5th In-Service: 2 / 26 / 21 Time: 8 : 00 am / pm Trainer: Ashley Kelsey

Date of 6th In-Service: / / Time: : am / pm Trainer: / / /

Date of Final Evaluation: 2 / 28 / 21 Time: 8 : 00 am / pm Trainer: Ashley Kelsey

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 type="checkbox"/>	<input checked="" type="checkbox"/>					
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. Area is clean and organized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	c. Area is always locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>	<input 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>					
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>	<input 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>					



BEACON
Specialized Living

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6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	<input checked="" type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>							
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	h. Correct dose is administered	<input checked="" type="checkbox"/>							
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>							
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>							
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>							
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>							
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered	<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"/>							
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<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"/>							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>							
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>							
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>							
15	Residents' rights are observed	<input checked="" type="checkbox"/>							
16	Location, Procedures and Documenting for administering PRN	<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"/>							
18	Medications are administered within time frame per facility policy	<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"/>						
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>						
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>						
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>						
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>						
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>						
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>						
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>						

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.

Laura Puteh
Employee Signature

2/28/21
Date

Ashley Kelsey
Home Manager Signature

2/28/21
Date

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 1989

DMA Code #2 7930

DMA Code #3 2740

? hepatic / renal dosing??

DRUG NAME	ATIVAN
GENERIC NAME	LORAZEPAM
DOSAGE RANGE	2-6 mg per day
HOW TO TAKE	orally
USES	anxiety, alcohol withdrawal, preop sedation
SIDE EFFECTS	respiratory depression, abuse, seizures, suicidality
WARNINGS	dizziness, ataxia, fatigue, confusion, irritability, appetite changes, constipation, incontinence

DRUG NAME	ABILIFY
GENERIC NAME	ARIPIPAZOLE
DOSAGE RANGE	2-30 mg
HOW TO TAKE	INJ
USES	bi-polar, manic + mixed, major depressive disorders
SIDE EFFECTS	Headaches, weight gain, insomnia, incontinence, cough
WARNINGS	

DRUG NAME	INVEGA
GENERIC NAME	paliperidone
DOSAGE RANGE	1.5 mg - 5mg
HOW TO TAKE	INJ, TABLET
USES	Schizo affective. dis., Schizophrenia
SIDE EFFECTS	parkinsonism, sleep disorder, Ab pain, cough, URI
WARNINGS	Arrhythmia, Dizziness

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSAGE RANGE	.5mg - 2mg
HOW TO TAKE	TABLET
USES	Seizure, panic dis., anxiety, restless leg, Sleep terrors
SIDE EFFECTS	allergic reaction, diff. Breathing,
WARNINGS	

DRUG NAME	Risperdal
GENERIC NAME	Risperidone
DOSAGE RANGE	1-4 mg per day
HOW TO TAKE	
USES	bipolar, acute manic, tourette
SIDE EFFECTS	low (wbc) count, seizures, trouble swallowing
WARNINGS	could affect sex fertility

DISORDER / Anxiety / Illness / Mental

DRUG NAME	Zyprexa
GENERIC NAME	olanzapine (injection)
DOSAGE RANGE	2.5 mg - 5 mg
HOW TO TAKE	
USES	Schizophrenia, Bipolar, Schizoaffective disorder ^{major-depressive}
SIDE EFFECTS	dilatation, disorientation, agitation, Speech, Walking
WARNINGS	dizziness, severe drowsiness

DRUG NAME	Neurontin - (Seizures)
GENERIC NAME	gabapentin
DOSAGE RANGE	100-300-400-600-800 mg.
HOW TO TAKE	PO, IM, IV
USES	partial seizures, post-herpetic neuralgia, Pain, ^{alcohol dependence} tics, bromocriptine
SIDE EFFECTS	dizziness, ataxia, fatigue, fever, nausea, vomiting
WARNINGS	depression, suicide, respiratory Dep., Stevens Johnson Syn.

DRUG NAME	Flonase (allergy)
GENERIC NAME	fluticasone propionate nasal ^(NO INFO)
DOSAGE RANGE	INJ - 100 units per mL
HOW TO TAKE	INJ
USES	diabetes mellitus type 1 + 2
SIDE EFFECTS	
WARNINGS	

DRUG NAME	Lantus (diabetes)
GENERIC NAME	INSULIN glargine
DOSAGE RANGE	
HOW TO TAKE	INjection
USES	Diabetes
SIDE EFFECTS	hypoglycemia, INJ site, Rash, pruritus, URI
WARNINGS	↓ anaphylaxis, hypokalemia

DRUG NAME	Novolog (diabetes)
GENERIC NAME	INSULIN aspart
DOSAGE RANGE	
HOW TO TAKE	
USES	
SIDE EFFECTS	
WARNINGS	