

DMA CLASSROOM TRAINING TEST

NAME: Cienna Clure DATE: 3/12 SCORE: _____

1. Where should medication keys be kept?

On the person who is passing
medications.

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

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* 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 resident

right time & date

right medicine

right route & method

right dosage

right documentation

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.

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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?

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 (hydrochlorothiazide) 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 0414

DMA Code #2 0620

DMA Code #3 1217

Cienna Clera

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSAGE RANGE	2mg - 30 mg
HOW TO TAKE	by mouth
USES	Antipsychotics, bipolar disorder, Tourette Syndrome
SIDE EFFECTS	Stroke, Cough, fatigue
WARNINGS	Heart failure, irregular heartbeat

DRUG NAME	Depakote
GENERIC NAME	Divalproex Sodium
DOSAGE RANGE	125 mg - 500 mg
HOW TO TAKE	by mouth
USES	Bipolar disorder, headache/migraine, seizure
SIDE EFFECTS	Coma, dizziness, nausea
WARNINGS	liver problems, metabolic disorder

DRUG NAME	Ativan
GENERIC NAME	Lorazepam
DOSAGE RANGE	0.5 mg - 4 mg
HOW TO TAKE	by mouth
USES	Seizure disorder
SIDE EFFECTS	blurred vision, heartburn, constipation
WARNINGS	light headed, dizziness

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSAGE RANGE	0.5 mg - 2 mg
HOW TO TAKE	by mouth
USES	Sleep-related disorder, seizure disorder
SIDE EFFECTS	tiredness, loss of coordination
WARNINGS	Addiction abuse & misuse

DRUG NAME	Lithium
GENERIC NAME	Eskalith, Lithobid
DOSAGE RANGE	150 mg - 600 mg Tab 300 mg - 450 mg
HOW TO TAKE	by mouth
USES	bipolar disorder
SIDE EFFECTS	Coma, Seizures, Syncope, Tremor, rashes, nausea
WARNINGS	lithium toxicity

Clenna Clace

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSAGE RANGE	25 mg - 100 mg
HOW TO TAKE	by mouth
USES	Antipsychotics 2nd Generation
SIDE EFFECTS	Fever, Tremor, Confusion
WARNINGS	Seizures, Dementia, Severe Neutropenia

DRUG NAME	Haldol
GENERIC NAME	Haloperidol
DOSAGE RANGE	0.5 mg - 20 mg
HOW TO TAKE	by mouth
USES	Antipsychotics 1st Generation
SIDE EFFECTS	head Strake, Seizures, Cataracts
WARNINGS	Dementia - related psychosis

DRUG NAME	Seroquel
GENERIC NAME	Quetiapine
DOSAGE RANGE	25 mg - 400 mg
HOW TO TAKE	by mouth
USES	Antipsychotics 2nd Generation, Bipolar disorder
SIDE EFFECTS	Strake, Seizures, Dystonia, Weight gain rash
WARNINGS	Suicidality

DRUG NAME	Tripleptal
GENERIC NAME	Oxcarbazepine
DOSAGE RANGE	150 mg - 600 Susp 300 mg per 5ml
HOW TO TAKE	by mouth
USES	Anxiety
SIDE EFFECTS	Hyponatremia, Aplastic Anemia
WARNINGS	n/a

DRUG NAME	Bisperdal
GENERIC NAME	Risperidone
DOSAGE RANGE	tab 0.25 mg - 4 mg Sol 1mg per ml
HOW TO TAKE	by mouth
USES	Schizophrenia
SIDE EFFECTS	Strake, Tia, Priapism, Cough Vomiting, Uri
WARNINGS	Dementia - related psychosis