BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: **Mount Pleasant**

Employee Receiving In-Service: **Kendra Pannill**

Date of 1st In-Service*: __2__/ __10__/ __21__   Time: __1__ : __00__ am / p**X**   Trainer: **Training Department**
This is done by a regional nurse

Date of 2nd In-Service: __2__ / __10__ / __21__   Time: __4__ : __00__ am / p**X**   Trainer: **Training Department**

Date of 3rd In-Service: __4__ / __5__ / __21__   Time: __11__ : __00__ (am)/ pm   Trainer: **Dana Sprague**

Date of 4th In-Service: __4__ / __5__ / __21__   Time: __7:30__ am /(pm)   Trainer: **Dana Sprague**

Date of 5th In-Service: __4__ / __6__ / __21__   Time: __12:00__ am /(pm)   Trainer: **Dana Sprague**

Date of 6th In-Service: ___/___/___   Time: ___:___ am /(pm)   Trainer: _____

Date of Final Evaluation: __4__ / __6__ / __21__   Time: __12:10__ am /(pm)   Trainer: **Dana Sprague**

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

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

Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager and RN teaching medication classes	X	X	✓	✓				
20	Medication area is cleaned and locked after completion of medication administration	X	X	✓	✓				
21	Designated Medication Administrator can identify action and common side effects of medications administered	X	X	✓	✓				
22	Approved Abbreviations List is reviewed	X	X	✓	✓				
23	Seizure precautions and documentation	X	X	✓	✓				
24	After hour procedures, procedures for found/spilled medication, location of Epocrates link on staff computer	X	X	✓	✓				
25	2nd Staff Verification, what it is, when it is needed, and how to document it	X	X	✓	✓				
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	X	X	✓	✓				

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*

_____   _____
Home Manager Signature   *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~~	Advair Discus	Crestor	Apidra
Ativan	Atrovent	~~Lipitor~~	~~Byetta~~
Clozaril	Flonase	Zocor	Glucophage
Depakote	Flovent		Glyburide
Haldol	Loratadine		~~Lantus~~
Invega	~~Proventil~~		Levemir
Klonopin			Levothyroxine
Lamictal			Novolog
Lithium			Synthroid
~~Risperdal~~			
Seroquel			
Tripleptal			
Zyprexa			

Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
Dilantin	Colace	HCTZ (hydorchlorothiazide)	~~Flexoril~~
~~Keppra~~	Miralax	Lisinopril	Motrin
Neurontin	Prilosec	~~Toprol~~	Norco
Topamax	Protonix	Tenormin	Tylenol with Codeine
	~~Zantac~~		Ultram

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DMA Code #1 __0907__   DMA Code #2 __2723__   DMA Code #3 __2117__

DRUG NAME	Aripiprazole
GENERIC NAME	Abilify
DOSAGE RANGE	2mg, 5mg, 10mg, 15 mg, 20mg and 30mg.
HOW TO TAKE	Oral Tablets, Orally-Disintegrating tablets, + Oral Solution.
USES	
SIDE EFFECTS	Suicidal thoughts, Falls, Seizures, Body temp regulation
WARNINGS	Increased Mortality in Elderly Patients with Dementia-Related Psychosis.

DRUG NAME	Risperidone
GENERIC NAME	Risperdal
DOSAGE RANGE	Based on your age, medical condition, and other medication you are taking.
HOW TO TAKE	By mouth with or without food 1 or 2 times daily.
USES	treat bipolar disorder, irritability with Autistic disorder.
SIDE EFFECTS	Stroke, heart failure, fast/irregular heartbeat, pneumonia
WARNINGS	Not approved for the treatment of dementia related behavior problems.

DRUG NAME	Albuterol
GENERIC NAME	Proventil
DOSAGE RANGE	Based on your medical condition.
HOW TO TAKE	By mouth, shake the canister spray acordingly (usally every 4-6 hours)
USES	to prevent and treat wheezing and shortness of breath.
SIDE EFFECTS	Nervousness, Shaking, headache, dryness/irritation, change in taste.
WARNINGS	

DRUG NAME	Lipitor
GENERIC NAME	Atorvastatin
DOSAGE RANGE	Based on medical conditions, age, and other medications your taking. 10 or 20 mg
HOW TO TAKE	By mouth with or without food usually 1 time daily.
USES	to help lower "bad" cholesterol + fats.
SIDE EFFECTS	Very small number of people may have mild memory
WARNINGS	may rarely cause liver problems.

DRUG NAME	Byetta Pen Injector
GENERIC NAME	Exenatide
DOSAGE RANGE	5mcg 2x daily, 10 mcg 2x daily
HOW TO TAKE	Injection
USES	To control high blood sugar.
SIDE EFFECTS	inflammation of the pancreas which may be severe an lead to death.
WARNINGS	Never Share a Byetta Pen Between Patients

DRUG NAME	Lantus
GENERIC NAME	Insulin Glargine
DOSAGE RANGE	Type 1 diabetes 1/3. Type 2 diabetes 0.2 units or up to 10 units
HOW TO TAKE	Injection
USES	To control high blood sugar in people with diabetes.
SIDE EFFECTS	Hypoglycemia, Hypersensitivity + allergic reactions, Hypokalemia.
WARNINGS	Never Share A Lantus SoloStar Prefilled Pen.

DRUG NAME	Flexeril
GENERIC NAME	Cyclobenzaprine
DOSAGE RANGE	5mg 3x daily - 10mg 3x a day
HOW TO TAKE	Tablets by mouth
USES	Short-term to treat muscle spasms
SIDE EFFECTS	abdominal pain, constipation, dizziness, nausea
WARNINGS	May enhance the effects of alcohol, barbiturates, + other CNS depressants

DRUG NAME	Zantac
GENERIC NAME	Ranitidine HCL
DOSAGE RANGE	150mg - 24 Count Blister Carton
HOW TO TAKE	Tablet by mouth
USES	To treat ulcers of the stomach + intestine.
SIDE EFFECTS	Headache, Constipation or diarrhea may occur
WARNINGS	Do Not use if you are allergic to ranitidine or other acid reducers

DRUG NAME	Keppra
GENERIC NAME	Leveiracetam
DOSAGE RANGE	1000 mg/day given 2x daily @ 500mg
HOW TO TAKE	Liquid and regular-release tablets by mouth
USES	To treat seizures.
SIDE EFFECTS	Dizziness, drowsiness, tiredness, weakness, loss of appetite, Stuff nose
WARNINGS	Keppra may cause behavioral abnormalities

DRUG NAME	Toprol
GENERIC NAME	Metoprolol Succinate
DOSAGE RANGE	25 to 100 mg daily
HOW TO TAKE	Extended-release tablet
USES	To treat chest pain
SIDE EFFECTS	Drowsiness, dizziness, diarrhea, and slow heartbeat.
WARNINGS	Do Not Stop taking this med without consulting your doctor