



BEACON
Specialized Living

Certificate of Completion

IS HEREBY GRANTED TO

Austin Butryn

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Virtual training and in-services

TYPE OF TRAINING

3/16/21

COMPLETION DATE

Tammy Gillis

TRAINER SIGNATURE



BEACON

Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Sand / Saunders Point Lodge

Employee Receiving In-Service: Austin Butryn

Date of 1st In-Service: 01 / 27 / 21 Time: 1 : 00 am / pm Trainer: Training Dept.

Date of 2nd In-Service: 01 / 27 / 21 Time: 3 : 00 am / pm Trainer: Training Dept.

Date of 3rd In-Service: 02 / 18 / 21 Time: 7 : 00 am / (pm) Trainer: Tommy Gellis

Date of 4th In-Service: 03 / 06 / 21 Time: 7 : 30 am / (pm) Trainer: Tommy Gellis

Date of 5th In-Service: 03 / 10 / 21 Time: 5 : 00 am / (pm) Trainer: Tommy Gellis

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

Date of Final Evaluation: 03 / 16 / 21 Time: 2 : 00 am / (pm) Trainer: Tommy Gellis

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"/>	Reviewed				
	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"/>	Reviewed				
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Reviewed				
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"/>					



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 type="checkbox"/>	<input checked="" type="checkbox"/>					
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	h. Correct dose is administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA				
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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>					
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
15	Residents' rights are observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>					
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					



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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 type="checkbox"/>	<input checked="" type="checkbox"/>					
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>					
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
23	Seizure precautions and documentation	<input checked="" 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>					
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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.

Justin Bittner
 Employee Signature

3/16/21
 Date

[Signature]
 Home Manager Signature

3/16/21
 Date

Name: Austin B. Aryn

Medical Training Test

1. What are the ranges for vital signs?
 - a. Blood Pressure: 90-100/50-90
 - b. Pulse: 50-100
 - c. Temperature: 96-99
 - d. Respirations: 12-20
2. When are vital signs taken on a resident?
 - a. When a resident shows signs of infection or reports not feeling well.
 - b. At the beginning of each month and as needed.
 - c. As indicated on the MAR.
 - d. All of the above
3. When is it okay to call 911 before contacting anyone else?
 - a. When the resident tells you to.
 - b. When the resident has chest pain, shortness of breath/breathing difficulties, seriously high or low vital signs, signs of a stroke, sudden change in condition or is non-responsive.
 - c. When the resident is experiencing coughing, sneezing and runny nose.
 - d. When the resident is experiencing nausea vomiting and diarrhea.
4. T F : When a resident leaves the home, staff does not have to bring their Epi Pen with them if they don't want to.
5. What does the stroke acronym FAST stand for?
 - F: Facial drooping
 - A: Arm weakness
 - S: Speech difficulties
 - T: Time to call emergency services
6. If a resident has an incident of choking, when is it okay not to call 911?
 - a. When the resident says they are okay.
 - b. When the Heimlich technique was used.
 - c. When the regional nurse is on-site, completes an assessment and approves that 911 does not need to be called.
 - d. When vital signs are normal.
7. T F : It is important to report and record any change in physical condition or behavior of a resident.
8. T F : Behavioral changes can be due to a medical issue.
9. T F : If a seizure lasts 3 minutes long and the resident does not have a history of seizures there is no need to call 911 immediately.
10. T F : The circulatory system is made up of the blood, heart, and the brain.

11. The primary purpose of the respiratory system is to:
- Supply oxygen to the tissue cells and eliminate carbon dioxide waste from the cells.
 - Bring food and nutrients to the tissue cells.
 - Both a and b.
 - None of the above.
12. T F : Foods that are difficult for someone to chew are chopped, ground, shredded and/or soft cooked to facilitate chewing and ease of swallowing, this is called a mechanical soft diet.
13. T F : When a resident is eating and they are gagging, coughing, drooling, sticking their fingers into the back of their throat, or food is pooling in their mouth, it is not important to contact medical.
14. If a resident has a physician's order for a regular diet, the resident can consume:
- Only liquids.
 - Foods that are dry and sticky.
 - All types of foods and liquids.
 - Only what is on the menu.
15. The musculoskeletal system is comprised of:
- Sclera, retina, and cornea.
 - Bones, ligaments, joints, muscles and tendons.
 - Both a and b.
 - None of the above.
16. What does the acronym RICE stand for?
- R: Rest
 - I: Ice
 - C: Compression
 - E: Elevate
17. T F : The skin is the largest organ in the human body.
18. What are the signs and symptoms of a urinary tract infection?
- Urinary frequency, low abdominal/back pain
 - Diarrhea, blood in the stool
 - Burning or pain when urinating, blood in the urine
 - Confusion
 - a, c, and d
19. T F : The hormones produced by the endocrine system regulate the entire body.
20. Uncontrolled diabetes can lead to:
- Heart disease.
 - Dental disease.
 - Nerve damage.
 - All of the above.

21. T ___ F : In type 1 diabetes, the pancreas continues to produce insulin normally.
22. T F ___ : In type 2 diabetes, some people can control their blood sugar levels with healthy eating and exercise.
23. If a resident has a blood sugar of 61 you should:
- Call 911.
 - Give them insulin.
 - Treat with hypoglycemic kit then recheck blood sugar 20 minutes later.
 - All of the above.
24. T ___ F : If a resident has a blood sugar of 350, you should treat with sugar or carbohydrates.
25. After an insulin vial or pen is opened it has an expiration date of:
- 28 days later.
 - There is no expiration date.
 - 60 days later.
 - The manufacturer's expiration date.
26. T F ___ : Communicable diseases are only transmitted by direct contact.
27. The best way to prevent the flu is by:
- Staying at home.
 - Getting a flu vaccine each year.
 - Washing your hands after going to the bathroom.
 - Wearing a mask and gloves at all times.
28. T ___ F : You can get the flu by getting a flu shot.
29. The best prevention to the spread of infection is:
- Washing your hands.
 - Washing your hands.
 - Washing your hands.
 - All of the above.
30. If a resident has a seizure you should:
- Keep the person safe and free from injury by laying them down with something soft.
 - Time the seizure and provide first aid as necessary once the seizure is over.
 - Loosen restrictive clothing.
 - All of the above.
31. T ___ F : You can limit a resident's diet without a behavior plan or physician's order.
32. T F ___ : It is important to wear gloves when there is the potential to come into contact with blood or bodily fluids.

33. T ___ F : After removing disposable gloves you do not need to wash your hands.
34. T F ___ : It is a resident's right to refuse medical treatment, but if you as a staff feel that it is a medical emergency you should call 911 and let the resident refuse to the paramedics.
35. If you accidentally poke yourself with a used insulin needle, what should you do next?
- a. Clean site well with soap and water then notify supervisor immediately.
 - b. Use hand sanitizer and call 911.
 - c. Do not tell anyone.
 - d. Clean site well with soap and water and notify your supervisor at the end of your shift.
36. T ___ F : It is acceptable to operate a lifting device by yourself.
37. When lifting or transferring a client you must:
- a. Know how many people need to assist.
 - b. Make the resident do it themselves.
 - c. Communicate with your partner and the resident.
 - d. Both a and c.
38. T ___ F : Assistive devices do not need a physician's order.
39. T ___ F : It is not necessary to report a fall to medical if no one was hurt.
40. What should you do if a resident experiences a fall?
- a. Take their vitals.
 - b. Check for obvious signs of injury.
 - c. Report to home manager and medical.
 - d. 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:

<u>Resident</u>	<u>route</u>
<u>dose</u>	<u>time</u>
<u>Medication</u>	<u>documentation</u>

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?

DRUG NAME	Haldol
GENERIC NAME	Haloperidol
DOSAGE RANGE	PO .5-2 mg q8-12h IM 2-5mg q4-8h PRN
HOW TO TAKE	PO, injection
USES	Schizophrenia / Tourettes
SIDE EFFECTS	Headache, drowsiness
WARNINGS	Don't take if you have parkinsons

DRUG NAME	Novalog
GENERIC NAME	h
DOSAGE RANGE	Sliding Scale
HOW TO TAKE	Injection
USES	diabetes
SIDE EFFECTS	hypoglycemia, weight gain, headache
WARNINGS	hypoglycemia

DRUG NAME	Miralax
GENERIC NAME	laxax
DOSAGE RANGE	17g as prescribed by physician
HOW TO TAKE	oral
USES	Constipation / irregular bowel movements
SIDE EFFECTS	Nausea, dizziness, increased sweating
WARNINGS	Don't use if you're allergic to polyethylene glycol / have kidney dis.

DRUG NAME	Topamax
GENERIC NAME	Topiramate
DOSAGE RANGE	25-50 mg
HOW TO TAKE	oral
USES	treat bi-polar / seizures
SIDE EFFECTS	Tiredness, diarrhea, weight loss
WARNINGS	Avoid Alcohol

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSAGE RANGE	25-60 mg
HOW TO TAKE	oral
USES	Schizophrenia
SIDE EFFECTS	Weight gain, Nausea, cough, fever

DRUG NAME	Flexeril
GENERIC NAME	Cyclobenzaprine
DOSAGE RANGE	Tabs 5-10mg
HOW TO TAKE	PO
USES	Short term muscle spasms
SIDE EFFECTS	Dizziness, dry mouth, constipation
WARNINGS	May cause drowsiness, dizziness

DRUG NAME	Motrin
GENERIC NAME	Ibuprofen
DOSAGE RANGE	1-2 tabs/caps PO q4-6h prn
HOW TO TAKE	orally
USES	NSAID for reducing pain & inflammation / fever
SIDE EFFECTS	Nausea, dizziness, photo sensitivity
WARNINGS	

DRUG NAME	Norco
GENERIC NAME	Hydrocodone
DOSAGE RANGE	Tab 5mg-325mg, 7.5mg-325mg, 10mg-325mg
HOW TO TAKE	ER tabs or capsules
USES	Severe/moderate pain
SIDE EFFECTS	Sedation, vomiting, rash
WARNINGS	See Risk for abuse/addiction

DRUG NAME	Topamax with Clonazepam Lamictal
GENERIC NAME	Lamotrigine
DOSAGE RANGE	Tabs - 25mg-200mg OTO 25-200mg Chewable 2-25mg
HOW TO TAKE	PO
USES	Bi-polar, partial seizures
SIDE EFFECTS	Steven Johnson Syndrome, vertigo, vomiting
WARNINGS	Serious rash

DRUG NAME	Ativan Ativan
GENERIC NAME	Lorazepam Lorazepam
DOSAGE RANGE	Tab - .5-2mg injection - 2mg/ml - 4mg/ml
HOW TO TAKE	PO or injection
USES	insomnia short term, Nausea, vomiting, anxiety
SIDE EFFECTS	Dizziness, amnesia, irritability
WARNINGS	See Risk for abuse/addiction withdrawal