



# **Designated Medication Administrator (DMA) Training**

Welcome! Please type your name and home into the chat box - Class will begin at 1:00pm

# DMA Training Agenda

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8:00pm – Introductions & Expectations

8:15pm – DMA PowerPoint

*9:00pm – Break – 5 minutes*

9:05pm – DMA PowerPoint Continued

*10:00pm – Break – 10 minutes*

10:10pm – DMA PowerPoint Continued

*11:00pm – Break – 10 minutes*

11:10pm – DMA In-Service & EMAR Presentation

11:50pm – Q&A

# Expectations for Participation

- Staff must not be “in-ratio” in the home during this training.
- Participants will be called on randomly throughout this training to answer questions.
- Active participation is required in the chat box to receive course credit.
- To ensure staff are present throughout the training, several “Codes” will be given throughout. Save these codes to get credit for attending!



**5  
S  
T  
E  
P  
S  
TO DMA**

**Tour of the medication room, kitchen, and staff areas where medical supplies may be located. Trainers will schedule medical training with regional nurse.**

**DMA training class using PowerPoint.**

**Classroom training and mock med pass in the home with approved trainer.**

**Three med passes in the home.**

**Fourth final med pass.**



# KEYS TO SUCCESS!

## SAFETY FIRST

- ✓ Med room keys should **ALWAYS** be accounted for.
- ✓ You **MUST** sign your keys over to another certified DMA at shift change.
- ✓ You **MUST** complete a controlled substance count any time keys change hands.



# COMMON MEDICAL ABBREVIATIONS

Be familiar with these abbreviations, because you may see them on prescriptions!

**BCAL** = Bureau of Children and Adult Licensing

**q or Q** = Every

**d or D** = day or daily

**PRN** = *as needed*

**STAT** = at once Immediately

**MOM** = Milk of Magnesia

**hs / HS** = hours of sleep or at bedtime

**BID** = Twice a day

**TID** = Three times a day

**QID** = Four times a day

**po/PO** = By mouth

**NPO** = *Nothing By mouth*

**tsp** = teaspoon

**Tbs** = Tablespoon

**Q2h** = Every 2 hours

**Q4h** = Every 4 hours

**Q6h** = Every 6 hours

**Q8h** = Every 8 hours

**Q12h** = Every 12 hours

**QAM** = Every morning

**ac** = Before meals

**pc** = After meals

**am** = morning

**pm** = evening

**gr** = grams

**ml** = milliliter

**mg** = milligram

**oz** = ounce (do not see often)

**lb/#** = pound

# COMMON MEDICAL ABBREVIATIONS

Be familiar with these abbreviations, because you may see them on prescriptions!

**gtt / gtts = drop / drops**

*\*gtts came from the Latin word Guttae.*

*(Goo – tay ) which means drip. This term was used in preparing and distributing intravenous solutions (IV). Drip was eventually termed and used for drops that we instill in eyes and ears etc.*

1 tsp = 5 ml/milliliter  
3 tsp = 1 TBS (Tablespoon)  
1 TBS = 3 tsp or 15 ml

**MEQ** .....Milligram Equivalent

**ER/er** ..... Extended Release

**IR/ir** ..... Immediate Release

**SL/sl**.....Sublingual (*Under the tongue*)

**ODT**.....Orally Disintegrating Tablets

**pr / PR**.....per rectum

**Sub-Q/SQ/SC**.....Subcutaneous

*(Given or administered under the skin – by injection)*

**Supp/SUPP**.....Suppository

**ASA** .....Aspirin

**APAP**.....Tylenol or Acetaminophen

**HTN** .....Hypertension

**PCN**.....Penicillin

**UA** .....Urinalysis

**FX** .....Fracture (*broken bone*)

# NOTICE



**Do not  
Use**

Do Not Use	Potential Problem	Use Instead
U or u	Mistaken for "0" or "4" or "cc"	Write "Unit"
IU or iu	Mistaken for "IV" or "10"	Write "International Unit"
QD, Q.D., qd, q.d.	Can be mistaken for QOD Period can be mistaken for letters	Write "Daily" or "Once Daily"
Q.O.D., QOD, q.o.d., qod	Can be mistaken for QD Period can be mistaken for "I"	Write "Every Other Day"
Trailing zero or Lack of Leading Zero (X.0mg); (.Xmg)	Decimal point is missing	Write "Xmg" Write "0.Xmg" (e.g. 1mg; 0.25mg)
MS, MSO4, MgSO4	MS can mean morphine sulfate OR magnesium sulfate	Write "Morphine Sulfate" Write "Magnesium Sulfate"
≤ or ≥	Misinterpreted as the number "7" or the letter "L"	Write "Greater Than" Write "Less Than"
Abbreviations for drug names	Confused with other drug names	Write drugs names in full
Apothecary units	Unfamiliar to Practitioners	Use Metric Units
@	Mistaken for the number 2	Write "at"
cc or CC	Mistaken for Units	Write "ml or milliliters"

FOR Prescription Practice

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

**Rx**

**Q: Take 1 tablet po QD**

**A: Take 1 tablet by mouth every day**

**Q: NPO after midnight**

**A: Nothing by mouth after midnight**

**Q: Take 2 tablets po hs**

**A: Take 2 tablets by mouth at bedtime**

REFILL \_\_\_\_\_ TIMES

\_\_\_\_\_  
M.D.

\_\_\_\_\_  
M.D.

DO NOT SUBSTITUTE

SUBSTITUTION PERMISSIBLE

# HOW DO BASIC MEDICATIONS IMPACT A PERSON?

ABILITY TO PREVENT, COMBAT OR  
CONTROL DISEASE

BEHAVIORS

OVERALL HEALTH STATUS

**SAFETY 1<sup>ST</sup>** *AVOID ALL DISTRACTIONS WHEN PREPARING &  
PASSING MEDICATIONS! ALL STAFF MUST COMPLETE DMA RE-CERTIFICATION ANNUALLY!*

# DRUG CATEGORIES



## NON-PRESCRIPTION

NON-ASPIRIN

IBUPROFEN

CALCIUM CARBONATE

SUGAR-FREE COUGH DROPS

VS.



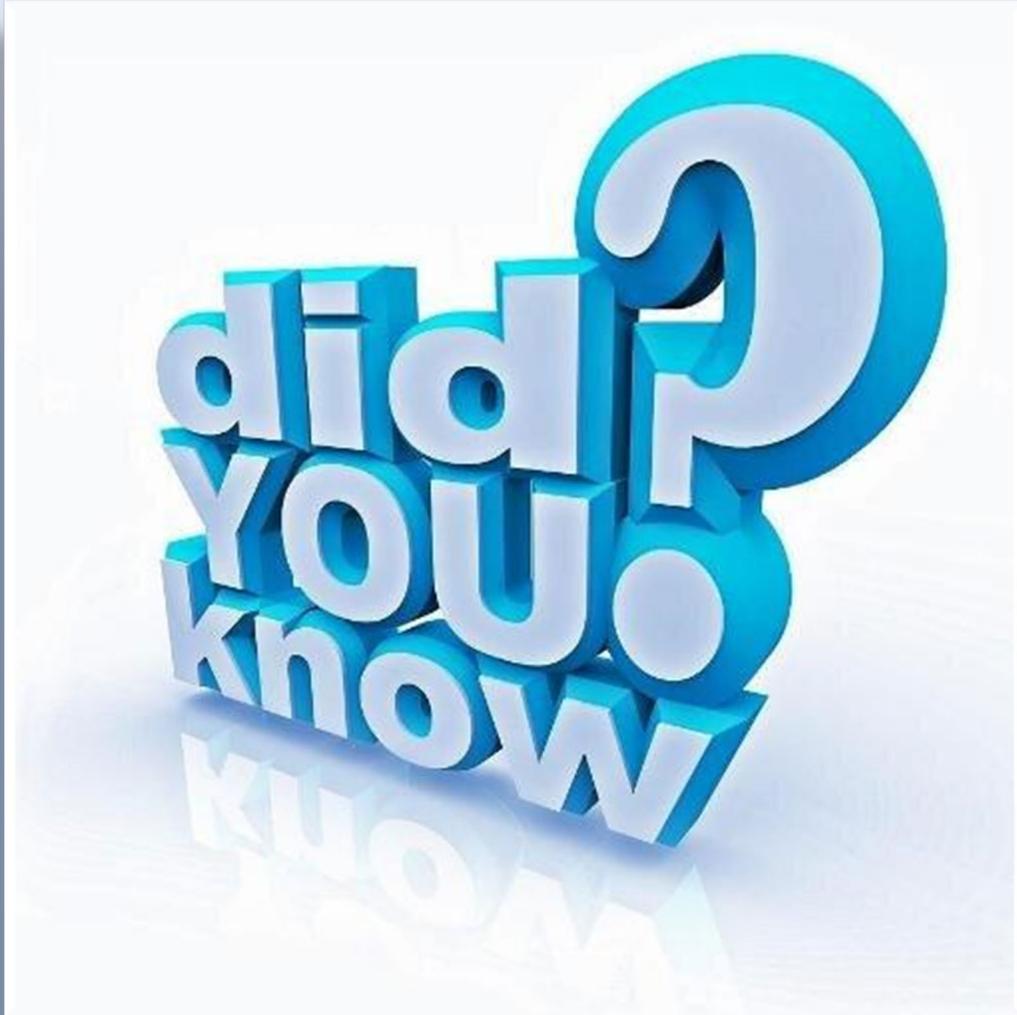
## PRESCRIPTION

NORCO

INSULIN

METFORMIN

LISINOPRIL



At Beacon, **ALL** medications are considered:

**PRESCRIPTION**



You **MUST** have a physician's order for **EVERY** medication.

**ALL** prescriptions must indicate **SPECIFIC DOSAGE AMOUNTS**.

There should **NEVER** be a dosage range like "1-2 tablets".

**Usual adult dosage:** See package insert for dosage information.

**Store and dispense:** Below 86°F (30°C); tight container. Keep this and all drugs out of the reach of children.

**Dispensing should be contingent upon ANC results and should not exceed limits as specified in the full product labeling.**

Product of Spain

Mfg for: HLS Therapeutics   
(USA) Inc. Rosemont, PA 19010

CLOZARIL® is a Registered Trademark of Novartis AG

NDC 69809-0130-05

100 TABLETS

**CLOZARIL®**  
(clozapine)

**50 mg**

**Rx only**



N 3 69809-01305 6

LA032Rev01

# Medication Safeguards

Medications should **ONLY** be administered as indicated by the prescriber.

A Physician's Order **MUST** be obtained **AND** noted on the Resident eMAR to crush meds &/or mix meds w/food

**ALL** medications **MUST** remain in the original pharmacy labeled container. **NEVER** preset meds in pillboxes or other containers, even for an LOA.



# Medication Safeguards

**ALL** medications **MUST BE LOCKED SECURELY** in the med room.

Medications that require refrigeration are kept in the Medication Refrigerator. Medication Refrigerators have a temperature range of 36-46 degrees.

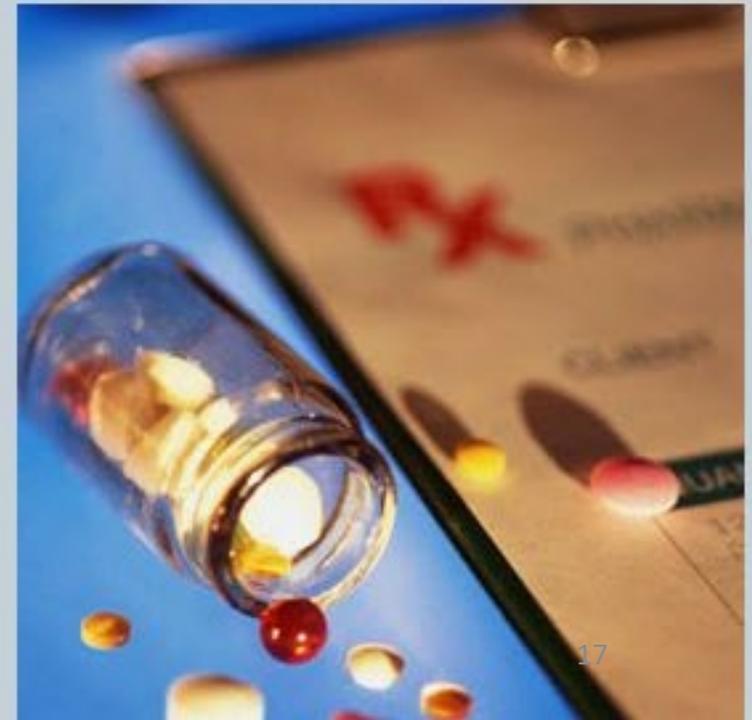
**NEVER, NEVER, NEVER** borrow medications from another resident.



# SELF ADMINISTRATION OF MEDICATION



- Written permission from a Physician & psychiatrist **MUST** be obtained for any form of self-administration to occur.
- Refer to Beacon policy ([MM-042](#)) on this process.
- The DMA is responsible for safeguarding the medication.
- The DMA is required to remind the resident to maintain their medication schedule and to take as directed.





⚠ epocrates is here for our users, employees and communities during the spread of COVID-19. [Learn more.](#)

epocrates®

## Be more confident in the moment of care

You control the course of treatment. We back you up. Make confident decisions in the moments of care with epocrates.



# Epocrates

[REGISTRATION INSTRUCTIONS](#)

[HOMEWORK SHEETS](#)

Be prepared **BEFORE** you administer meds



Be familiar with **UNWANTED SIDE EFFECTS**

**KNOW** the **PURPOSE** of the med

Be **AWARE** of potential **INTERACTIONS** w/other meds

**ALL DMA** staff should **ALWAYS** be able to educate the resident on their medications



# RESPONSIBILITY

- Once medication has been removed from the package, it **MUST BE GIVEN:**
  - To the resident **IMMEDIATELY**
  - By the person removing the medication.
- A DMA staff will **NOT** give the medication cup to another staff member to give the med to the resident.
  - This is considered falsification of the MAR.
- The DMA **MUST** observe the resident taking the medication **AND MUST** initial the medication administration record.



# Six Rights of Passing Medications

- Right **RESIDENT**
- Right **MEDICINE**
- Right **DOSAGE**
- Right **TIME & DATE**
- Right **ROUTE/METHOD**
- Right **DOCUMENTATION**



ALWAYS verify your 6 Rights...3 times!

## Oral Medications

Before you take the bubble packs out of the drawer.

Before you pop it out.

Before you put it back.

## Injectables

Before you take it off the shelf.

Before you draw it up.

Before you put it back on the shelf.

*\*Obtain 2nd person verification for all 6 rights.*



**Medication errors are reported to the nurse and Home Manager immediately. An Incident/Event Report must be completed.**

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Medication errors occur when any of the 6 rights are violated.

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1. Right **MEDICINE**
2. Right **DOSAGE**
3. Right **TIME or DATE**
4. Right **METHOD/ROUTE**
5. Right **RESIDENT**
6. Right **DOCUMENTATION**

1. **Wrong** MEDICINE
2. **Wrong** DOSAGE
3. **Wrong** TIME or DATE
4. **Wrong** METHOD/ROUTE
5. **Wrong** RESIDENT
6. **Wrong** DOCUMENTATION



# Medication Refusals

- Residents **ALWAYS** have the right to refuse their medication.
- Residents **ALWAYS** have the right to know the consequences of refusing the medication.
- **ALWAYS** follow and record the instructions given by the nurse.
- **ALWAYS** record the refusal on the EMAR, and complete an event report/ incident report according to the policy #[MM-043](#))



# Resident Leave of Absence (LOA)

- Ensure the resident, or the person who assumes responsibility for the resident has all appropriate information, medication, and instructions.
- The person who assumes the responsibility should also be given a MAR, FaceSheet, and sign a [Release of Responsibility of Medications](#).
- Medications taken with the resident **MUST** remain in a pharmacy labeled container. We **CANNOT** preset them.
- The pharmacist should dispense medications to be given while on leave. If this is not possible, **ALL** medications must be sent in the original pharmacy container.



PRN  
Medication  
Management

## More than 1 PRN Medication Request:

- Contact Medical/On-Call for instructions on how to give the PRN medications.

**Example:** Resident has an order for PRN Norco for back pain **AND** Tylenol for general pain.

*\*Need to know if both can be given at the same time.*

*\*If not, how far apart must they be administered.*



PRN  
Medication  
Management

## PRNs Written with a Purpose:

- PRN Prescriptions indicated for specific treatment **CANNOT** be used for any other reason.

**Example:** Resident has a Tylenol order to “Take two 500mg tablets by mouth for back pain.”

*\*The Tylenol can **ONLY** be used to treat back pain.*

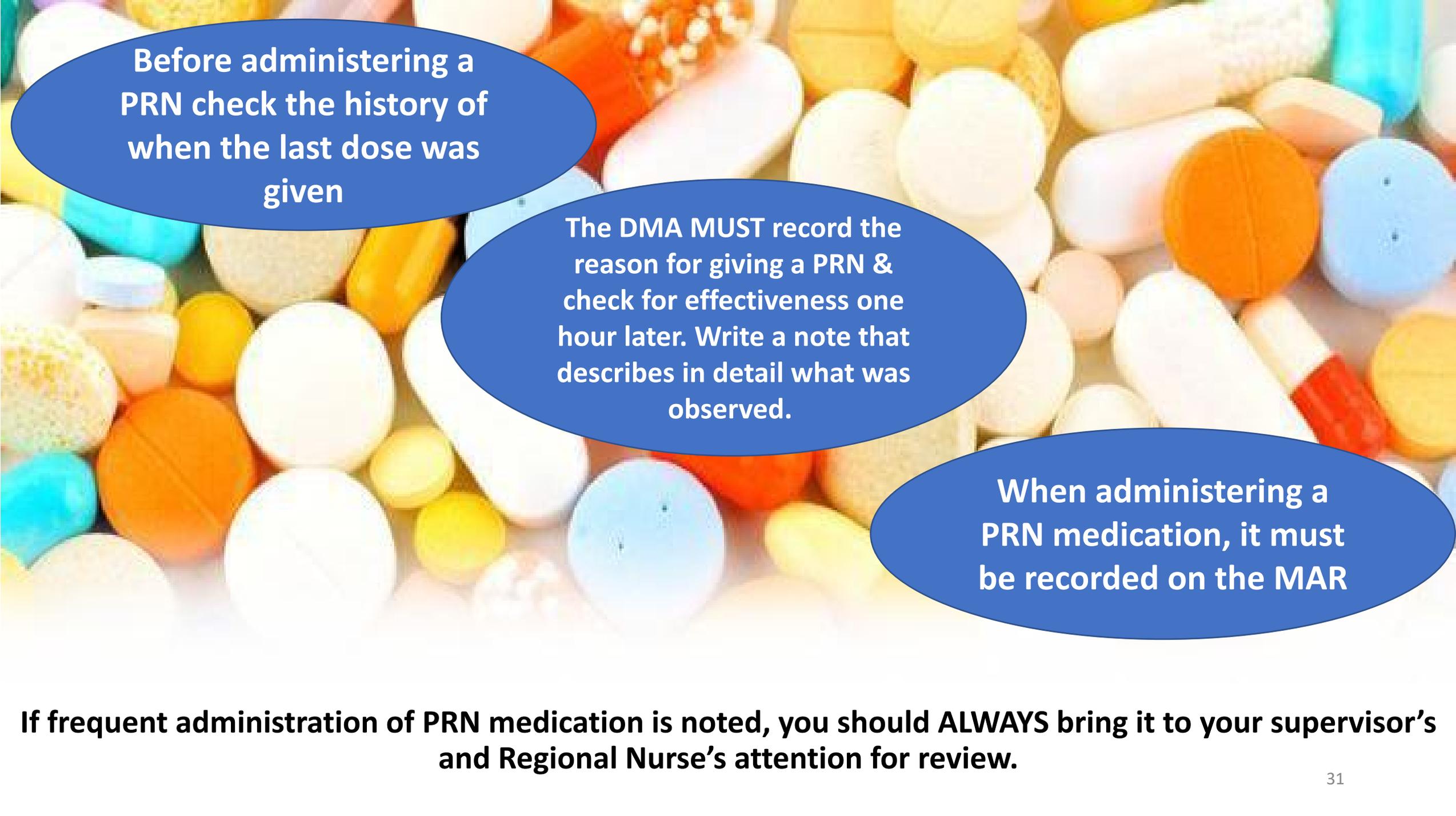
# Does the PRN require a 2<sup>nd</sup> Dose?

**Problem Example:** Nitro Quick:  
Give up to 2 doses for chest pain.

**Good Example:** Nitro Quick: Give 1 tablet sublingually every 5 minutes up to 2 doses, as needed for chest pain. If no relief, call 911.

**\*\*If you are EVER UNSURE about administering a PRN...ask your supervisor and call your Regional Nurse.**





Before administering a PRN check the history of when the last dose was given

The DMA MUST record the reason for giving a PRN & check for effectiveness one hour later. Write a note that describes in detail what was observed.

When administering a PRN medication, it must be recorded on the MAR

**If frequent administration of PRN medication is noted, you should ALWAYS bring it to your supervisor's and Regional Nurse's attention for review.**



# ACCORDING TO THE Bureau of Children & Adult Licensing (BCAL)

Lack of understanding or specific direction regarding the administration of PRN medications is the **SINGLE BIGGEST PROBLEM** related to medications.

This may lead to:

- Abuse of pain medications
- Drug seeking behaviors
- Falls

**Inappropriate use of PRNs may be a form of chemical restraint.**

**Note: "Chemical Restraint" means:**

***Dispensing medications when not indicated in order to calm a resident, so staff will not have to deal with them or their behavior.***

# Medication Disposal

Discontinued medications **MUST** be properly disposed of after acquiring written notification from a physician or a pharmacist.

You **CANNOT** keep unused medications as an “emergency back up” supply in case another resident runs out of the same medication.

To dispose of non-controlled medication, place them in the Rx Destroyer jug **AND** document it on the medical disposal sheet.

To dispose of controlled medication, place them in the black box **AND** document it on the medical disposal sheet.

Put the medication in the black box  
**WITH A SECOND STAFF PRESENT**

**CONTROLLED SUBSTANCE,  
DANGEROUS UNLESS USED  
AS DIRECTED.**

**CONTROLLED SUBSTANCES:** Drugs in  
this category are considered to have  
a **HIGH RISK** for abuse!

**MUST BE DOUBLE LOCKED IN  
THE MED ROOM!**

Destroying medications **MUST**  
be marked on the Medication  
Disposal Log.

**MUST** complete a medication count  
from shift to shift OR any time the  
keys are being exchanged!



## NON-CONTROLLED SUBSTANCES:

- Drugs in this category are considered to have a **LOWER RISK** for abuse
- **MUST** be double locked
- Medications **MUST** be logged in the [Medication Disposal Log](#) when you are destroying them.
- Destroy them in the RX Destroyer jug with a second staff present.





- Benadryl: Some feel ***drowsiness*** and others ***feel wired***.
- Penicillin Allergy: Some get ***hives, or swelling***, and others may experience ***difficulty breathing***
- It is important to **RECOGNIZE** any ***abnormal symptoms***. Everyone reacts to medications differently!

## Part 2: Medication Passing Practical Applications

**It is very important to avoid distractions when preparing or passing any medications!**

**DISTRACTIONS CAUSE  
MEDICATION ERRORS**



**T or F: If a medication is administered to the wrong person, we should call the Nurse first.**

**T or F: The 6 rights must be verified 3 times for every medication pass**

**T or F: It is okay to borrow medications from another resident if someone runs out of theirs, so long as it is the same dosage.**

**T or F: It is fine to preset medications to save time.**

**T or F: There are different ways to dispose of a medication depending on if it is a controlled or non-controlled substance.**

**False. If the medication is given to the wrong person, we call Poison Control first.**

**True**

**False. It is never okay to borrow medications from another resident.**

**False. Presetting medications is never allowed, and can cause medication errors.**

**True**



## When to Wash Your Hands

- BEFORE you begin passing medications
- BETWEEN each resident
- AFTER completing the med pass
- After 3 uses of hand sanitizer
- After exposure to blood of bodily fluids

# Liquid Medications

- Liquid medications should be measured on a flat surface at eye level.
- Palm the label (place hand over label- so no drips will obscure the label).
- Wipe bottles after each dose.
- Discard excess liquid. **NEVER** pour back into the bottle!
- **NEVER** insert syringe into a bottle (*withdraw from med cup instead*)
- Use syringe for doses 10mL or smaller
- Never put your bare fingers inside bottles, lids, or medication cups.



# What are the Six Rights for Passing Medications?

- Right **RESIDENT**
- Right **MEDICINE**
- Right **DOSAGE**
- Right **TIME & DATE**
- Right **ROUTE/METHOD**
- Right **DOCUMENTATION**





## Verifying the Right Resident

You **MUST** properly identify each resident **PRIOR** to medication administration with two verifiers.

- Ask the client their name or verify with another staff member.
- Check resident picture or verify with another staff member.
- Hand the resident a full cup of water.



# Verifying the Right Medication

- Read the medication administration record (MAR) and the drug label. **These should match exactly!**
- Pay close attention to medications that **look alike** and **sound alike**
- If you don't know the generic name or brand name. **LOOK IT UP** on Epocrates
- **ANY CHANGE IN** color, consistency, or odor- **check with your pharmacy**
- Check expiration dates
- If you are unsure of what you are giving check with your pharmacy

# Verifying the Right Dosage

- Verify the ordered dose on the **MAR matches the label**
- Pay close attention to the **NUMBER OF PILLS** - Do you need 2 tablets to equal the ordered dose.
  - \*There will not always be 2 tablets in 1 bubble, even if 2 tablets are ordered
- Underline/highlight **unusual doses** (6.25mg, ½ tablets)
- **NEVER** split an unscored tablet.

VS ASPIRIN EC 325  
TABLET

TAKE ONE TABLET  
MOUTH TWICE A DAY

Store Phone: (623) 855-1111

Rx # 1721/P

OXYCODONE  
TABLET

Common Brand(s): OxyR  
TAKE 1 TO 2 TABLETS  
EVERY 4 TO 6 HOURS  
FOR PAIN

Qty: 90

Store Phone:

Rx #

Prescriber:

# Verifying the Right Time & Date

- **Right time** (one hour before and one hour after). If it is due at 8:00am the medication can be given between 7:00am and 9:00am.
- **AM** or **PM**- Morning or evening
- **AC** or **PC**- before or after meals
- With meals
- On empty stomach
- **IS IT THE RIGHT DAY TO PASS?**
  - Be **CAUTIOUS** of the day of the week when dispensing medications prescribed **EVERY OTHER DAY**





# Verifying the Right Documentation

## When do I document?

- **Immediately** after administration **before** you begin the next resident.
- As you are verifying all 6 rights, click off on each medication individually

## Remember:

- Make sure you have not missed medications
- Make sure you documented effectiveness of PRNs
- Review your MAR at the end of your shift.



## Verifying the Right Route/Method

**Route MUST be specific in the Physician's Order**

- Oral
- Rectal
- Patches
- Gastric tube
- Injection
- Eye drop
- Nasal Spray
- Inhaler
- Nebulizer

# Transdermal patches

- Date and initial each patch
- Wear gloves to apply and remove
- Remove the old patch first
- Rotate placement and document
- Apply to clean and dry skin
- Never cut patch to decrease dose

Examples: Nicotine, Nitro patches, Pain patches

## Ear Drops

- Have resident lay head down on opposite side of administration.
- Pull top of ear up and back to open and straighten the ear canal
  - Instill drop into ear canal
  - After each drop, press down on ear tragus over canal



# Eye Drops

- Wash hands and wear gloves
- Have resident tilt head back
- Drop should be placed in conjunctival sac (not on eyeball or tear duct)
- Hold tear duct (inner corner) for 1 minute after instilling (**DO NOT** use tissues)
- **WAIT** 5-10 minutes between different medications

# Eye Ointment

- Wash hands and wear gloves
- Have resident tilt head back
- Place ointment in conjunctival sac in a thin ribbon 1/3 to 1/2 inch length
- **Apply from inner to outer bottom lid**



# Respiratory Inhalers

- Wash hands and wear gloves
- Shake for 3-5 seconds
- Place mouthpiece in resident's mouth
- Instruct to close lips snugly around in haler
- Instruct to fully exhale before administration
- Administer medication and slowly inhale deeply and hold for 10-30 seconds
- Wait 1 minute between puffs and 5 minutes for different inhalers
- Swish and spit after steroid inhalers

# Nebulizer treatment

- Stay with residents during this treatment
- Wash hands and wear gloves
- Assemble nebulizer equipment and put in medication
- Turn on the machine and instruct resident to take slow, even breaths through the mouth.
- Treatment is completed when the medication cup is empty
- Wash with warm water and allow to air dry

# Nasal Sprays

- Wash hands and wear gloves
- Have resident head tilted slightly forward
- Encourage resident to blow nose first
- Close opposite nare during spray
- Instruct resident to gently sniff during spray
- Alternate nares
- **Remind the client to not blow their nose for 15-30 minutes**



# HOW TO TEST BLOOD GLUCOSE

1

Gather Supplies-  
Glucometer, test  
strip, lancet,  
alcohol swab

2

Wash hand  
and put on  
gloves

3

Clean site  
on resident

4

Place test  
strip in  
glucometer

5

Using  
lancet, get a  
drop of  
blood

6

Apply the  
test strip to  
the drop of  
blood

7

Wait for  
blood sugar  
reading and  
enter it into  
eMAR

# Review Hypoglycemic Protocol Policy #:[MM-002](#)

Blood glucose level less than or equal to 70 mg/dl call Nurse or on-call Medical.

- When a Resident is conscious and able to swallow: **NO insulin or any other medication is to be given until approved by medical.** Staff will provide a Resident with the Hypoglycemic Kit, which contains orange juice, two (2) packages of string cheese, and two (2) packs of graham/cookie crackers.
- If the Resident refuses the Hypoglycemic Kit, offer the Resident the glucose gel or tablet, note the time, and recheck the blood glucose in 20 minutes – document



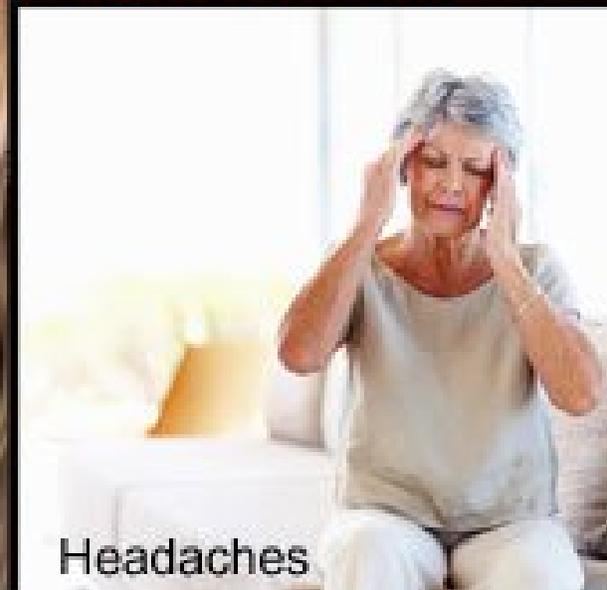
Increased Thirst



Frequent need to urinate



Blurred Vision

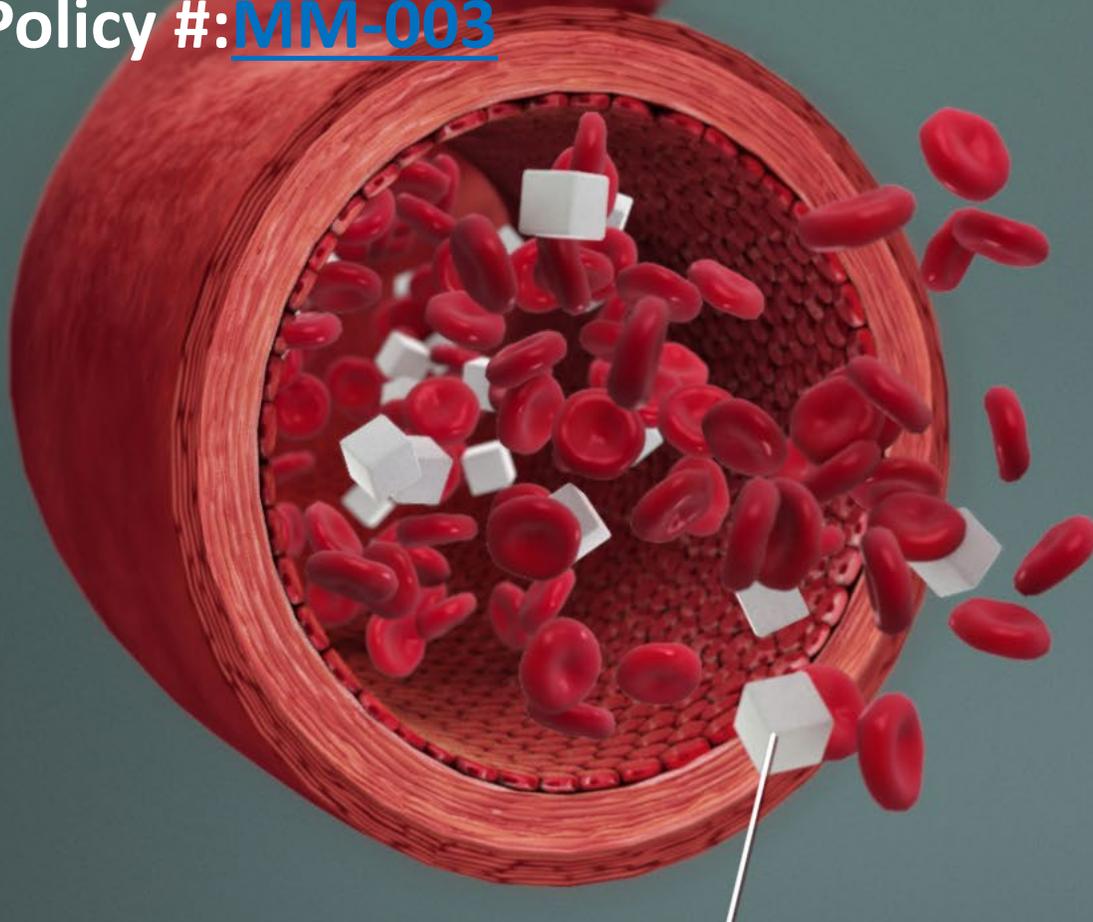


Headaches

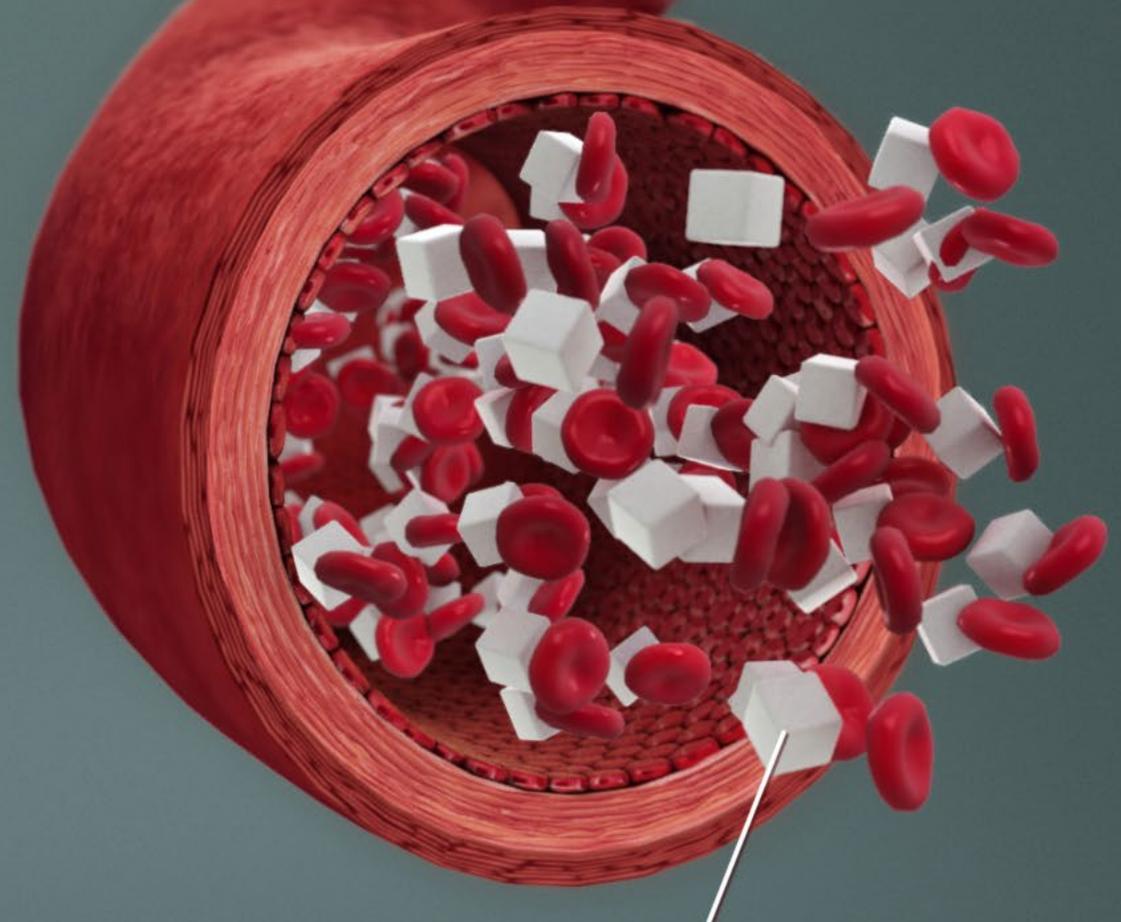
# Hyperglycemia

Review Hyperglycemic protocol

Policy #: [MM-003](#)



Normal Blood Glucose



High Blood Glucose

# Hyperglycemia Protocol

- **Procedure:** When a Resident's blood glucose level is greater than or equal to 350 mg/dl, the following protocol will be followed:
- When a Resident is conscious: **Administer insulin as prescribed (if applicable).**
  - Monitor for any symptoms of high blood sugar which include extreme thirst, dry skin, irritability, frequent urination.
  - Recheck glucose level one hour after initial reading greater than or equal to 350 mg/dl.
  - Once the Resident has received the above treatment, **contact the Medical Department.**
- When a Resident is not conscious: **NO insulin is to be administered even when it is a regularly scheduled medication.**
  - Dial 911 for hospital transport.
  - Provide supportive care; CPR if necessary.
  - Perform a set of vital signs; document.
- Once the Resident has received the above treatment, **contact the Medical Department**

# Insulin Injections with a Vial and Syringe

**\*\*A Regional Nurse should be training you on Insulin Administration HANDS-ON!\*\***

Let's see what a Diabetes Educator has to say!

Initial and date each vial upon opening, check vial for expiration if already opened (28 days from open date)

# Insulin Pen

**\*\*A Regional Nurse should be training you on Insulin Administration HANDS-ON!\*\***

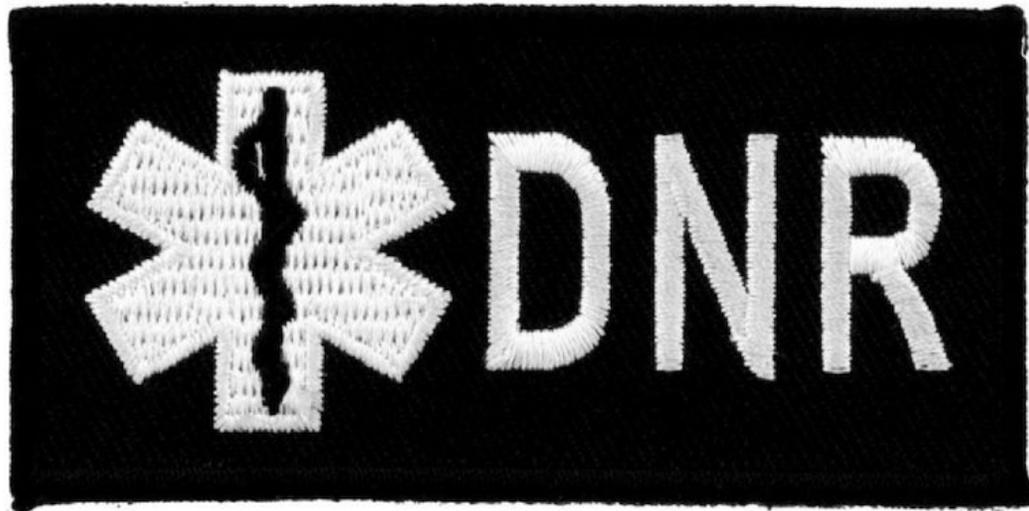
**Let's see what a Diabetes Educator has to say!**

## Extra info

- Pens are convenient, easy and help us get a more precise dosage
- Pens do not need to be refrigerated after they are opened
- Keep insulin out of light, and don't let it freeze or get too hot



# Advanced Directives/ DNR/Hospice- Policy # CTS 017



- Beacon will not execute a “Do Not Resuscitate” order with an individual in our care. Regulations requires that we institute life-saving procedures.
- Beacon provides a copy of advanced directives to the EMT personnel, physical or hospital caring for the resident.
- When a resident has entered hospice care for end-of-life treatment, Beacon will comply with ALL hospice guidelines regarding treatment decision (typically a DNR).
- Once a resident is on hospice Licensing must be notified.



# DMA: In-Service Training

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**BEACON**  
Specialized Living

## Medication Administration In-Service and Evaluation

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Name of Facility/Home: Your Home

Employee Receiving In-Service: Your Name

Date of 1st In-Service: 1 / 1 / 21 Time: 1 : 00 am / pm Trainer: Learning & Development

Date of 2nd In-Service:     /     /     Time:     :     am / pm Trainer:    

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:     /     /     Time:     :     am / pm Trainer:

		In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.
1	Medication Area								
	a. Location of ample supplies prior to administration								
	b. Area is clean and organized								
	c. Area is always locked								
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)								
2	DMA washes hands prior to administering medications and between each Resident								
3	Medication keys are retained by DMA								
4	Resident is identified per facility policy and procedure prior								
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications								
	a. If Pulse and BP are required, hands and equipment are washed per facility policy								
	b. If Apical Pulse is required, privacy is provided								
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'								
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR								
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle								

		In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	<input type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed	<input type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication	<input type="checkbox"/>							
	f. Medication record is signed immediately after administration of same	<input type="checkbox"/>							
	g. Controlled substance record is signed immediately after administration of same	<input type="checkbox"/>							
	h. Correct dose is administered	<input type="checkbox"/>							
	i. Medication is administered at correct time	<input type="checkbox"/>							
	j. Verify no additional MAR pages have been added	<input type="checkbox"/>							
7	Infection control technique is reviewed	<input type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input type="checkbox"/>							
	a. Resident is properly positioned, at a 45° sitting angle	<input type="checkbox"/>							
	b. Tube is checked for placement and patency	<input type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered	<input 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 type="checkbox"/>						
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input type="checkbox"/>						
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input type="checkbox"/>						
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input type="checkbox"/>						
11	DMA administers eye and ear medication according to facility policies and procedures	<input type="checkbox"/>						
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input type="checkbox"/>						
13	Medication administration should not interrupted. DO NOT RUSH	<input type="checkbox"/>						
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input type="checkbox"/>						
15	Residents' rights are observed	<input type="checkbox"/>						
16	Location, Procedures and Documenting for administering PRN	<input type="checkbox"/>						
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input type="checkbox"/>						
18	Medications are administered within time frame per facility policy	<input type="checkbox"/>						

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

# Accessing the eMAR: NextStep

The screenshot displays the BEACON Specialized Living software interface. On the left is a dark blue sidebar menu with the following items: MAIN MENU, REMINDERS, MESSAGE CENTER (with a '0' next to it), CHANGE PASSWORD, CHANGE LOCATION, PRINT, and LOGOUT. The top left of the main content area features the BEACON logo and the text 'Specialized Living'. The main content area is light blue and contains several menu boxes. A red arrow points from the 'Clinical Forms' box to the 'Progress Notes' box. The 'Clinical Forms' box contains 'Scheduled Forms' and 'Unscheduled Forms'. The 'Progress Notes' box contains 'Chart/Progress Notes', 'Medical Notes', 'Misc Notes', and 'Daily Care Logs'. Below these is a horizontal separator line. Under the line, there are two boxes: 'Reports' and 'Admin Tools'. The 'Reports' box contains 'Document Center' and 'eMAR Reports'. The 'Admin Tools' box contains 'eMAR'. A large yellow arrow points to the 'eMAR' option in the 'Admin Tools' box. In the bottom right corner, the text 'Mozilla/5.0 (Windows NT 10.0; W' is visible.

**Building:**

Review Required

**Maintain Medications and Treatments:**

Name

Enter home name

# eMAR

Select a building to continue.

**Select a time:**

 Morning

 Noon

 Afternoon

 Night

 PRN

Late Passes

**Building:**

Review Required

Testing Location

**Maintain Medications and Treatments:**

Name
<input type="checkbox"/> Noah Mistakes
<input type="checkbox"/> Test Patient R

# eMAR

Select a building to continue.

Select the time



**Select a time:**

Morning

Noon

Afternoon

Night

PRN

Late Passes

**Building:**

Review Required

Testing Location

**Maintain Medications and Treatments:**

Name
<span style="color: red;">●</span> Noah Mistakes
<span style="color: red;">●</span> Test Patient R

# Med and Treatment Pass

**Clients that still need Noon meds and treatments:**



Noah Mistakes

Test Patient R

**Clients that aren't scheduled for Noon meds and treatments:**

Thomas Meyer

**Select a time:**

Morning

Noon

Afternoon

Night

PRN

Late Passes

# Med and Treatment Pass

**Patient:**

Mistakes, Noah

**Date of Birth:**

1/1/1960

**Building:**

Testing Location

**Room:**

MAIN

**Bed:**

Bed 1

**Allergies:**

None

**Pass Selected****Cancel**

## Need to Pass:

## Medications:

<input type="checkbox"/>		Medication	Self Administer	Strength	Dosage Form	Frequency	Route	Instructions	Doctor Notes	Scheduled Time	Exception	Time Passed	Extra Info
<input type="checkbox"/>		Clozaril (clozapine)	No	100	tablet	Not Specified	by mouth		Take 1 tablet by mouth at noon, and 3 tablets at 4PM	12:00 PM	None	12/14/2020 11:45 AM	
<input type="checkbox"/>		Multivitamin	No	One	tablet	Not Specified	by mouth		Take 1 tablet by mouth once daily	12:00 PM	None	12/14/2020 11:45 AM	
<input type="checkbox"/>		Oyster Shell Calcium / D	No	600mg/400iu	tablet	Not Specified	by mouth		Take 1 tablet by mouth twice daily	12:00 PM	None	12/14/2020 11:45 AM	
<input type="checkbox"/>		Prilosec (Omeprazole)	No	40 mg	capsule	Not Specified	by mouth		Take 1 capsule by mouth once daily	12:00 PM	None	12/14/2020 11:45 AM	

# Verify the 6 Rights

## 3 times for every medication pass

**1.** Before you take the bubble packs out of the drawer.

**2.** Before you pop the medication out of the bubble pack.

**3.** Before you put the bubble pack back into the drawer.

**GULL POINTE PHARMACY (269) 553-5000**

5585 GULL RD, KALAMAZOO, MI 49048-6704

Caution: Federal Law prohibits the transfer of this drug to any person other than the patient

RPh: HLH Tech:CAR for whom it is prescribed.

**1597443**

Disp: 12/08/2020

**NEW**

DR. MARIJA PETROVIC

**MISTAKES, NOAH**

Ph#: (269) 553-5000

123 NEEDS ADDRESS KALAMAZOO, MI 49048

Mfg:Acc

TAKE **1 TABLET BY MOUTH AT NOON,**  
AND **3 TABLETS AT 4PM**



16729-0142-16 pale yellow scored **Qty 1**

**CLOZAPINE 100MG PO TAB**

**100 mg**

Do Not Use After 12/08/2021

Refills Remaining 0

Control Script failed for

Substituted for **Clozaril**

Right **PERSON**

Right **MEDICINE**

Right **DOSAGE**

Right **TIME**

Right **ROUTE**

# Med and Treatment Pass



**Patient:**

Mistakes, Noah

**Date of Birth:**

1/1/1960

**Building:**

Testing Location

**Room:**

MAIN

**Bed:**

Bed 1

**Allergies:**

None

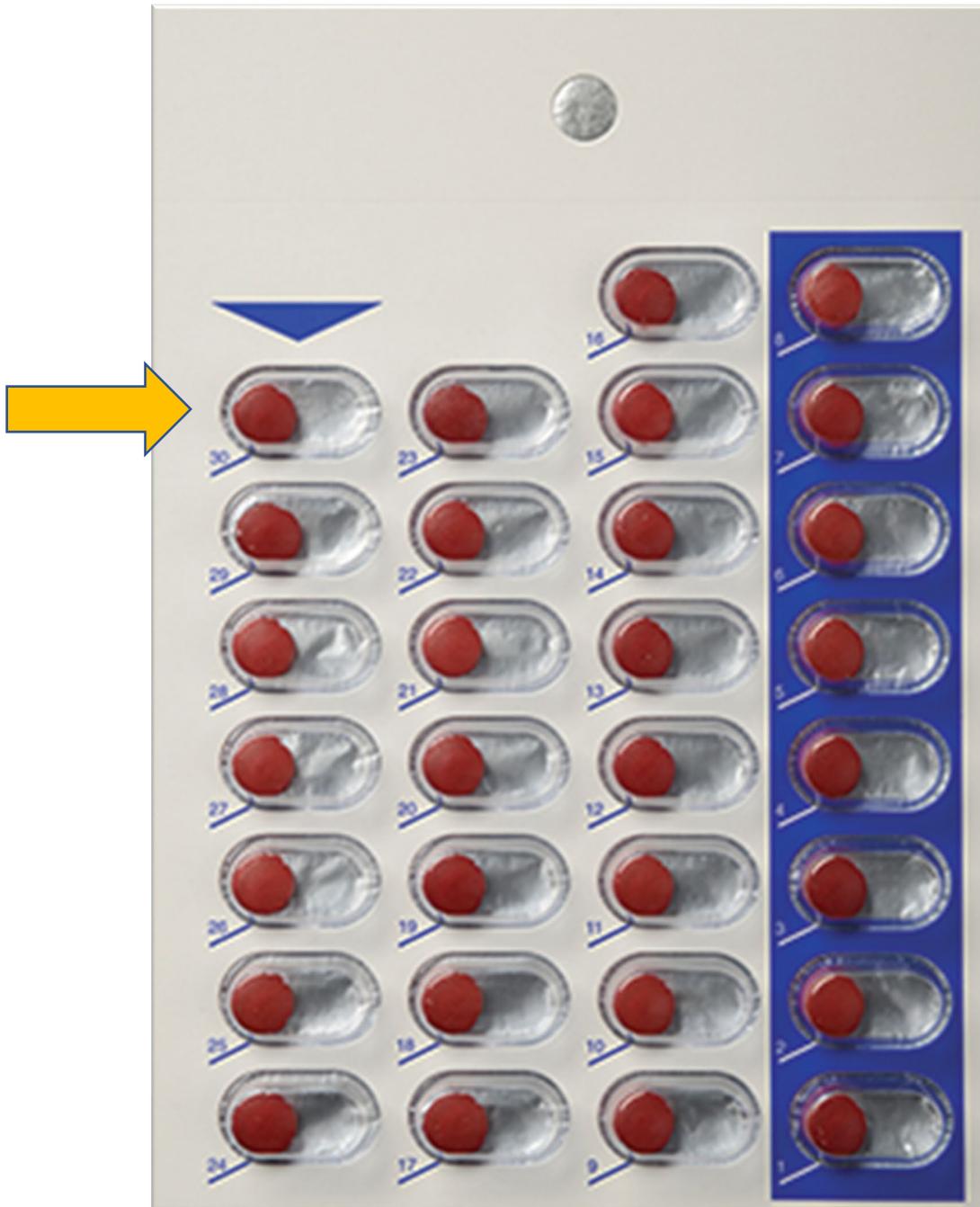
Pass Selected

Cancel

## Need to Pass:

## Medications:

<input type="checkbox"/>		Medication	Self Administer	Strength	Dosage Form	Frequency	Route	Instructions	Doctor Notes	Scheduled Time	Exception	Time Passed	Extra Info
<input checked="" type="checkbox"/>		Clozaril (clozapine)	No	100	tablet	Not Specified	by mouth		Take 1 tablet by mouth at noon, and 3 tablets at 4PM	12:00 PM	None	12/14/2020 11:45 AM	
<input type="checkbox"/>		Multivitamin	No	One	tablet	Not Specified	by mouth		Take 1 tablet by mouth once daily	12:00 PM	None	12/14/2020 11:45 AM	
<input type="checkbox"/>		Oyster Shell Calcium / D	No	600mg/400iu	tablet	Not Specified	by mouth		Take 1 tablet by mouth twice daily	12:00 PM	None	12/14/2020 11:45 AM	
<input type="checkbox"/>		Prilosec (Omeprazole)	No	40 mg	capsule	Not Specified	by mouth		Take 1 capsule by mouth once daily	12:00 PM	None	12/14/2020 11:45 AM	



**When popping medications out of a bubble pack, always start at the top left and work your way down.**

# Med and Treatment Pass



**Patient:**  
Mistakes, Noah  
**Date of Birth:**  
1/1/1960

**Building:**  
Testing Location  
**Room:**  
MAIN

**Bed:**  
Bed 1  
**Allergies:**  
None



**Pass Selected**

**Cancel**

## Need to Pass:

## Medications:

<input checked="" type="checkbox"/>		Medication	Self Administer	Strength	Dosage Form	Frequency	Route	Instructions	Doctor Notes	Scheduled Time	Exception	Time Passed	Extra Info
<input checked="" type="checkbox"/>		Clozaril (clozapine)	No	100	tablet	Not Specified	by mouth		Take 1 tablet by mouth at noon, and 3 tablets at 4PM	12:00 PM	None	12/14/2020 11:45 AM	
<input checked="" type="checkbox"/>		Multivitamin	No	One	tablet	Not Specified	by mouth		Take 1 tablet by mouth once daily	12:00 PM	None	12/14/2020 11:45 AM	
<input checked="" type="checkbox"/>		Oyster Shell Calcium / D	No	600mg/400iu	tablet	Not Specified	by mouth		Take 1 tablet by mouth twice daily	12:00 PM	None	12/14/2020 11:45 AM	
<input checked="" type="checkbox"/>		Prilosec (Omeprazole)	No	40 mg	capsule	Not Specified	by mouth		Take 1 capsule by mouth once daily	12:00 PM	None	12/14/2020 11:45 AM	

Once all medications have been given to the resident, click Pass Selected.

## Medication Exceptions

**Resident Refused:** resident refused to take medication

**Wrong Time:** medication is given at the wrong time

**Wrong Resident:** medication given to the wrong resident

**Wrong Medication:** wrong medication is given

**Wrong Route:** medication given by wrong route

**Medication Not Delivered:** medication was not available

**Dose Omission:** medication not administered

**Wrong Dose:** wrong dosage of medication is given

**Held per Nurse/Physician Order:** a physician ordered medication that should not be administered under certain conditions or times (i.e. sliding scale insulin where the dosage relies on the blood pressure of the resident or before surgery)

**Medication Not Available:** medication is not in stock

**Resident Not In the Home (LOA):** resident is on LOA, Hospital, Jail, etc.

**Late Entry (medication given on time):** medication is given on time but did not have access to EMAR (i.e. outings or activities. Use paper MAR to document if unable to access EMAR)

**Medication Given Outside the Time-Frame by Nurse/Physician Order:** medication given outside of time frame with approval from Nurse or Physician

**Medication Label is Incorrect (same medication with dosage increase/decrease):** medication label does not reflect current physician orders but the correct dosage was administered

# Med and Treatment Pass



**Patient:**  
Mistakes, Noah  
**Date of Birth:**  
1/1/1960

**Building:**  
Testing Location  
**Room:**  
MAIN

**Bed:**  
Bed 1  
**Allergies:**  
None

Pass Selected

Cancel

## Select a time:



Morning



Noon



Afternoon



Night

## Need to Pass:

## Medications:

<input checked="" type="checkbox"/>	Medication	Self Administer	Strength	Dosage Form	Frequency	Route	Instructions	Doctor Notes	Scheduled Time	Exception	Time Passed	Extra Info
<input checked="" type="checkbox"/>	Clozaril (clozapine)	No	100	tablet	Not Specified	by mouth		Take 1 tablet by mouth 3 tablets at 4PM		None	12/14/2020 11:45 AM	
<input checked="" type="checkbox"/>	Multivitamin	No	One	tablet	Not Specified	by mouth		Take 1 tablet by mouth once daily	12:00 PM			
<input checked="" type="checkbox"/>	Oyster Shell Calcium / D	No	600mg/400iu	tablet	Not Specified	by mouth		Take 1 tablet by mouth twice daily	12:00 PM			
<input checked="" type="checkbox"/>	Prilosec (Omeprazole)	No	40 mg	capsule	Not Specified	by mouth		Take 1 capsule by mouth once daily	12:00 PM			



- None
- Held per Nurse/Physician Order
- Resident Not in the Home (LOA)
- Late Entry (medication given on time)
- Medication Given outside of the timeframe per Nurse/Physician Order
- Medication label is incorrect (same medication with dosage increase/decrease)
- Resident Self Administers Medication (Apartment Program Only)
- Resident Refused-Nurse was notified after prompting Resident a minimum of three times

Late Passes

# MISC NOTES

BEGIN ENTERING LAST NAME AND CLICK ON CLIENT TO SELECT:

Mistakes, Noah

SEARCH BY BIRTHDATE FORMAT:  MM/DD/YY  MM/DD/YYYY

LIST  ACTIVE CLIENTS  ALL CLIENTS

<b>Name:</b>	Mistakes, Noah					
<b>Location:</b>	<b>Display Name:</b>	Z-Testing Location				
	<b>Address Name:</b>	Z-Testing				
	<b>Address Line 1:</b>	123 Testing Lane				
	<b>City:</b>	Rochester Hills	<b>State:</b>	MI	<b>Zip Code:</b>	48307
	<b>Phone Number:</b>	555-1212	<b>Fax Number:</b>			
<b>Programs:</b>	Test	<b>Gender:</b>	Male			
<b>Social Sec. No.:</b>	XXX-XX-6789	<b>Date of Birth:</b>	1/1/1960			
<b>Case No.:</b>	3473-2	<b>Admit Date:</b>	7/21/2020			
<b>Client Ref. No.:</b>		<b>Primary Clinician:</b>				
<b>ATO Expiration:</b>		<b>Referral Source:</b>	Muskegon CMH			

## ADD A NEW NOTE:

Noah's 12:00pm Clozaril, Multivitamin, Oyster Shell Calcium/ D, and Prilosec were not administered to Noah in the home due to Noah being on an LOA with his family. Noah's family signed a Release of Responsibility of Medications and stated they would be administering Noah's medications during his LOA.

# Administering Controlled Substances

## Med and Treatment Pass



**Patient:**  
Mistakes, Noah  
**Date of Birth:**  
1/1/1960

**Building:**  
Testing Location  
**Room:**  
MAIN

**Bed:**  
Bed 1  
**Allergies:**  
None

Pass Selected

Cancel

### Need to Pass:

### Medications:

<input type="checkbox"/>		Medication	Self Administer	Strength	Dosage Form	Frequency	Route	Instructions	Doctor Notes	Scheduled Time	Exception	Time Passed	Extra Info
<input type="checkbox"/>		Clozari (clozapine)	No	100mg	tablet	Not Specified	by mouth		Take 1 tablet by mouth at noon, and 3 tablets at 4PM	4:00 PM	None	12/14/2020 12:07 PM	
<input type="checkbox"/>		Oyster Shell Calcium / D	No	600mg/400iu	tablet	Not Specified	by mouth		Take 1 tablet by mouth twice daily	4:00 PM	None	12/14/2020 12:07 PM	
<input type="checkbox"/>		Valium-diazepam	No	2mg	tablet	Not Specified	by mouth		Take 1 tablet my mouth once daily	4:00 PM	None	12/14/2020 12:07 PM	
<input checked="" type="checkbox"/>		Klonopin (Clonazepam)	No	1mg	tablet	Not Specified	by mouth		Take 1 tablet mouth once daily and 1 tablet as needed	4:00 PM	None	12/14/2020 12:07 PM	





Daily Controlled Medication Chart

Facility/Home: Testing Location Resident Name: Noah Mistakes

Name of Medication: Klonopin 1mg (clonazepam) Initial Count: 30

Name of Person Giving	Date	Time	Amount on Hand	Amount Given	Amount Remaining	AM Staff Initials	PM Staff Initials	
								1
								2
								3
								4
								5
								6
								7
								8
								9
								10
								10
								11
								12
								13
								14
								15
								16
								17
								18
								19
								20
								21
								22
								23
								24
								25
								26
								27
								28
								29
								30

\*Total Amount Remaining: \_\_\_\_\_

\*Medication to be counted by Designated Medication Administrator (DMA) or qualified staff at each dose time and at shift change between staff.

Reconciled Med Count

Initials: \_\_\_\_\_

Page: \_\_\_\_\_

Date: \_\_\_\_\_

## Controlled Medications are Counted:

- During shift change
- When administering a controlled medication
- If the DMA leaves and the keys are given to another trained DMA staff



# Controlled Medication Count- Administration



## Daily Controlled Medication Chart

Facility/Home: Testing Location Resident Name: Noah Mistakes

Name of Medication: Klonopin 1mg (clonazepam) Initial Count: 30

Name of Person Giving	Date	Time	Amount on Hand	Amount Given	Amount Remaining	AM Staff Initials	PM Staff Initials	
Shift Change	12/14/20	8:00am	30	0	30	DD	MM	1
Daisy Duck	12/14/20	4:00pm	30	1	29	DD		2
								3
								4
								5

# PRN Medications

## Med and Treatment Pass

**Clients that have available PRN meds:**

Noah Mistakes



**Clients that have no available PRN meds:**

Thomas Meyer



Test Patient R



**Select a time:**

- Morning
- Noon
- Afternoon
- Night
- PRN**



## Medications:

Pass	Medication	Strength	Dosage Form	Frequency	Route	Instructions	Doctor's Notes	Dosage	Reason	Response	Time Passed	Extra Info
<input type="checkbox"/>	Calcium Carbonate	420MG	tablet	Not Specified	by mouth		as needed for indigestion or heartburn. Packets come (2) tablets in a packet 420 mg each, limit to 4 packets (8)tablets in a 12 hour period and /or no more than 16 tablets in a 24 hour period.		Pain	1	12/16/2020 11:50 AM	
<input type="checkbox"/>	Ibuprofen	200MG	tablet	Not Specified	by mouth		two tablets every 4-6 hours as needed for mild or moderate pain. Not to exceed a total of 8 tablets in a 24 hour period		Pain	1	12/16/2020 11:50 AM	
<input type="checkbox"/>	Non Aspirin	500 MG	tablet	Not Specified	by mouth		two tablets every 4-6 hours as needed for mild to moderate pain. Not to exceed a total of 8 tablets in a 24 hour period.		Pain	1	12/16/2020 11:50 AM	
<input type="checkbox"/>	Sugar Free Cough Drops	One (1)	drops	Not Specified	by mouth		dissolve one drop slowly in mouth every 2 hours as needed for cough; Do not use for more than 2 consecutive days.		Pain	1	12/16/2020 11:50 AM	

## PRN Administration:

- Add the dosage
- Add the reason under Extra Info
- Record effectiveness one hour after

# Checking PRN History

The screenshot displays the BEACON Specialized Living software interface. On the left is a dark blue sidebar menu with the following items: MAIN MENU, REMINDERS, MESSAGE CENTER (with a '0' notification), CHANGE PASSWORD, CHANGE LOCATION, PRINT, and LOGOUT. The top of the sidebar features the BEACON logo and three orange horizontal lines. The main content area is light blue and contains several menu boxes. A red arrow points from the 'Clinical Forms' box to the 'Progress Notes' box. A yellow arrow points from the 'eMAR Reports' option in the 'Reports' box to the 'MESSAGE CENTER' item in the sidebar. The 'Clinical Forms' box contains 'Scheduled Forms' and 'Unscheduled Forms'. The 'Progress Notes' box contains 'Chart/Progress Notes', 'Medical Notes', 'Misc Notes', and 'Daily Care Logs'. The 'Reports' box contains 'Document Center' and 'eMAR Reports'. The 'Admin Tools' box contains 'eMAR'. The browser status bar at the bottom right shows 'Mozilla/5.0 (Windows NT 10.0; W'.

# Checking PRN History

Passes:\* Medications

Location:\* Z-Testing - Z-Testing Locat

Client:\* 3473 - Noah Mistakes  PRNs Only

Start Date:\* 2/12/2021

End Date:\* 2/12/2021

Run Report

**Pass History**

Export to XLSX Export to PDF Search Group By

Pass Type	Scheduled T	Title	PRN	Extra Info	Real Pass Tir	Pass Time St	User Name	Patient	Birthdate	Exception	Doctor's Not	Dosage
PRN		Klonopin (Clonazapar	Yes	Requested PRN for anxiety.	2/12/2021 5:22:35 PM	2/12/2021 5:21:34 PM	Shayna Groth	Noah Mistakes	1/1/1960		Take 1 tablet by mouth once daily and 1 tablet as needed	1mg

Page 1 of 1 (1 items)





# What Happens Now?

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An email will be coming to you all once attendance has been reviewed. After receiving this email, complete the following steps:

## DMA for New Hires

- Epocrates Homework
  - *Write the 3 Codes on your homework*
- Medical Training with RN
- DMA Test in Star Services
- DMA In-Services and Evaluation

## DMA for Annual Refreshers

- Final Evaluation In-Service
  - *Write the 3 Codes on your In-Service form*
- DMA Test in Star Services