



Certificate of Completion

IS HEREBY GRANTED TO

Jasmine Caldwell

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Training

TYPE OF TRAINING

March 27th, 2021

COMPLETION DATE

A blue ink signature of the trainer, consisting of several loops and a long horizontal stroke.

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Hammond
 Employee Receiving In-Service: Jasmine Caldwell

Date of 1st In-Service*: 3/17/21 Time: 12:00 am/pm am Trainer: J. White
*This is done by a regional nurse
 Date of 2nd In-Service: 3/17/21 Time: 4:00 am/pm pm Trainer: J. White
 Date of 3rd In-Service: 3/19/21 Time: 12:00 am/pm pm Trainer: J. White
 Date of 4th In-Service: 3/20/21 Time: 4:00 am/pm pm Trainer: T. McGovern
 Date of 5th In-Service: 3/22/21 Time: 7:00 am/pm pm Trainer: J. White
 Date of 6th In-Service: 3/26/21 Time: 12:00 am/pm pm Trainer: J. White
 Date of Final Evaluation: 3/27/21 Time: 7:00 am/pm pm Trainer: J. White

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

Medication Area	In-Service #						Comments
	1st	2nd	3rd	4th	5th	6th	
1	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓

Home Manager Signature _____ Date 8/27/21

Employee Signature *Justine Pedersen* Date 8/27/21

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.

0920, 0917, 0106

Specify time frame for completion: N/A

FOLLOW UP CONCERNS

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

Medication Administration In-Service and Evaluation

