



Medication Administration In-Service and Evaluation

Name of Facility/Home: Lantern Bay/Breakwater

Employee Receiving In-Service: Brenda Jenkins

Date of 1st In-Service*: <u>2/21/21</u>	Time: <u>12:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Stacy Milliken</u>
<small>*This is done by a regional nurse</small>		
Date of 2nd In-Service: <u>2/21/21</u>	Time: <u>2:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Stacy Milliken</u>
Date of 3rd In-Service: <u>2/21/21</u>	Time: <u>5:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Stacy Milliken</u>
Date of 4th In-Service: <u>2/28/21</u>	Time: <u>12:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Stacy Milliken</u>
Date of 5th In-Service: <u>2/28/21</u>	Time: <u>2:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Stacy Milliken</u>
Date of 6th In-Service: <u>2/28/21</u>	Time: <u>5:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Stacy Milliken</u>
Date of Final Evaluation: <u>3/14/21</u>	Time: <u>2:00</u> am / <input checked="" type="radio"/> pm	Trainer: <u>Roberta Clerxon</u>

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	✓	✓	✓	✓	✓	✓	✓	
	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	✓	✓	✓	✓	✓	✓	✓	<i>discussed</i>
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	✓	✓	✓	✓	✓	✓	✓	



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



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	✓	✓	✓	✓	✓	✓	✓	
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)	✓	✓	✓	✓	✓	✓	✓	

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.

Branda Jenkins
Employee Signature

3-14-21
Date

Robert Clemens
Home Manager Signature

3-14-21
Date

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

right person
right time
right med

right doseage
right route
right document

2. Liquid medication is poured at eye level holding the cup with your hand?

Yes No Explain:

Liquid medication is poured at eye level
on a flat surface or table.

3. Controlled substance log is signed after the shift is over?

Yes No Explain:

It is signed right at the time of passing
the controlled substance to the
resident.

4. The DMA may crush tablets if resident does not want to swallow whole?

Yes No Explain:

Only by a doctor Order that
tablets can or may be crushed.

ANNUAL DMA RECERTIFICATION TEST

5. Controlled substances are stored (single locked) according to policy and procedures?

Yes

No

Explain:

all controlled substances must be double
locked and stored in the medication
room.

6. Medication errors only need to be reported if the error causes harm?

Yes

No

Explain:

all medication errors need to be
reported to Bobbie and medical.

7. The medication room keys are left hanging on a special hook in the office area?

Yes

No

Explain:

Keys need to be on the DMA
at all times.

8. If a resident runs out of a psychotropic medication and another bubble pack is not in the house, you can use one from another resident?

Yes

No

Explain:

No you don't share meds to
substitute for another resident if
their out.

ANNUAL DMA RECERTIFICATION TEST

9. Always give Lantus insulin irregardless of the glucose level?

Yes

No

Explain:

Over 350 and under 70 you give
for the resident.

10. Blood pressure readings are used to monitor the treatment results of Lisinopril, Tenormin, or Norvasc?

Yes

No

Explain:

these meds all blood pressure
medications.

11. Eight o'clock medication may be given at 8:00, 9:00, or 10:00?

Yes

No

Explain:

one hr. before or 1 hr. after.

12. Medications that have been popped and then the resident refuses are put back in the bubble packs?

Yes

No

Explain:

The meds need to be destroyed.

ANNUAL DMA RECERTIFICATION TEST

13. Orders do not have to be on record for insulin injections?

Yes No Explain:

Insulin injections need to have a second verification for every one that you give.

14. When a resident gets up late for a medication pass, just enter in the quickMAR, resident not in house for the med pass, and give the medication whenever they get up?

Yes No Explain:

When the resident gets up late you need to call medical immediately to get permission to pass.

15. OTC means other than called for?

Yes No Explain:

Over The Counter.

16. One Tablespoon is equal to 30ml?

Yes No Explain:

It is equal to 14.78 mL.

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes

No

Explain:

~~nothing~~ nothing by mouth

18. All controlled substances are returned to the pharmacy to be repackaged?

Yes

No

Explain:

They are destroyed by the registered nurse on site.

19. Choking and aspiration is a rare problem among residents on psychotropic medications?

Yes

No

Explain:

It's common.

20. Constipation is never a side effect of psychotropic medications?

Yes

No

Explain:

It's common.

DRUG NAME	Depakote
GENERIC NAME	Divalproex Sodium
DOSAGE RANGE	DR Tab 125mg, 250mg, 500mg
HOW TO TAKE	Orally
USES	Bi Polar disorder, Seizures, migraine headache prophylaxis etc
SIDE EFFECTS	headache, nausea, vomiting, dizziness, dyspepsia, abdominal pain
WARNINGS	Hepatotoxicity, Fetal risk, Pancreatitis, increased hepatotoxicity

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSAGE RANGE	Tab: 0.5mg, 1mg, 2mg
HOW TO TAKE	Orally P.O. or QHS "every Bedtime"
USES	Seizure disorder, Panic disorder, anxiety, ^{Antiepileptic agent, hypotensive effects} Sleep terrors, Tourette syndrome
SIDE EFFECTS	Drowsiness, impaired coordination, dizziness, depression, Fatigue, Confusion etc
WARNINGS	Risks from concomitant opioid use

DRUG NAME	Haldol
GENERIC NAME	Haloperidol
DOSAGE RANGE	TAB: 0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg
HOW TO TAKE	Orally P.O. Bid, Tid ^{Bid twice a day} Tid three times a day, PO q1-4H
USES	Psychosis, Tourette syndrome, agitation, acute
SIDE EFFECTS	insomnia, anxiety, tardive dyskinesia, lethargy, weight changes
WARNINGS	Brain edema & ataxia in CNS Dementia-related psychosis, coma, CNS Depression, use caution if you have Parkinson's

DRUG NAME	Flonase
GENERIC NAME	Fluticasone Propionate nasal
DOSAGE RANGE	1-2 actuation in each nostril qD or up to 4 in each nostril
HOW TO TAKE	nostril only
USES	Allergy sx, Nasal Polyp tx, Rhinitis
SIDE EFFECTS	headache, URI sx, epistaxis, nasal burning, nasal irritation
WARNINGS	use caution if you have nasal ulcers, unhealed wounds etc

DRUG NAME	Lantus
GENERIC NAME	insulin glargine
DOSAGE RANGE	INJ 100 units per mL: INJ (U-100 vial)
HOW TO TAKE	Injection subQ
USES	Diabetes Mellitus type 1-2
SIDE EFFECTS	hypoglycemia, injection site rxn, myalgia, rash, URI, ^{headache} etc
WARNINGS	Caution if infection, illness or stress, renal impairment

DRUG NAME	Lisinopril
GENERIC NAME	Lisinopril is the generic name
DOSAGE RANGE	TAB: 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg
HOW TO TAKE	orally PO , qD, qD For week, Max 30mg/day
USES	HTN, heart Failure w/reduce ejection Fraction, HF
SIDE EFFECTS	Renal failure, hypotension, headache, cough, Fatigue
WARNINGS	Fetal toxicity,

DRUG NAME	Colace
GENERIC NAME	docusate Sodium
DOSAGE RANGE	50-150mg/day PO divided qd-bid prn
HOW TO TAKE	P.O orally
USES	emollient laxative For softening stool
SIDE EFFECTS	diarrhea, abdominal cramps, throat irritation, rash
WARNINGS	Appendicitis, GI obstruction Caution if nausea/vomiting

DRUG NAME	Motrin
GENERIC NAME	Ibuprofen
DOSAGE RANGE	1-2 caps/tabs PO q4-6h Max: 6 tabs or caps/24H
HOW TO TAKE	oral tab/capsule
USES	NSAID For reducing pain/inflammation, Fever
SIDE EFFECTS	GI bleeding, GI ulcers, stroke, nausea, dizziness
WARNINGS	Caution if recent MI, Stroke Hx, HTN, CHF

DRUG NAME	Seroquel
GENERIC NAME	Quetiapine
DOSAGE RANGE	TAB: 25mg, 50mg, 100mg, 200mg, 300mg, 400mg
HOW TO TAKE	orally PO divided Bid-TID, PO qhs, PO qD
USES	Schizophrenia, bipolar I disorder, manic "acute depression"
SIDE EFFECTS	Somnolence, dizziness, hypotension, tremor, anemia
WARNINGS	Dementia related psychosis, suicidality

DRUG NAME	Zantac
GENERIC NAME	Ranitidine
DOSAGE RANGE	TAB: 150mg, 300mg; SOL: 15mg per mL; IV: 25 per mL
HOW TO TAKE	IM IV, orally
USES	PO heart Burn
SIDE EFFECTS	headache, diarrhea, constipation, myalgia, vertigo
WARNINGS	Caution if hepatic impairment, renal impairment #c

Code #1 22301

Code #2 8746

Code 3 7752

J. Kirby

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

Right medication Right Route
Right Dose Right Documentation
Right Time & Date Right Person

2. Liquid medication is poured at eye level holding the cup with your hand?

Yes No Explain:

Put it on a flat surface

3. Controlled substance log is signed after the shift is over?

Yes No Explain:

They counted shift changes, signed
after Nac is passed anytime DMA
changes & end of your shift

4. The DMA may crush tablets if resident does not want to swallow whole?

Yes No Explain:

Resident has to have a crush order