



Medication Administration In-Service and Evaluation

Name of Facility/Home: Lantern Bay Breakwater

Employee Receiving In-Service: Stephanie Conkin

Date of 1st In-Service*: / / Time: : am / pm Trainer:

*This is done by a regional nurse

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: 3/6/21 Time: 2:00 am / pm Trainer: Roberta Clemor

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							✓	disussed
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							✓	



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	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.

Sophanna Carter
 Employee Signature

4-6-21
 Date

Rebeka Clemons
 Home Manager Signature

4-6-21
 Date

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

Right Patient

Right route

Right dose

Right Date Documentation

Right Time

Right medication

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
counter otherwise its not accurate.

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

Yes No ^{no} Explain:

you have to count all narcotics through out
the day as you pass them and at shift
change

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

Yes No Explain:

it has to be a doctors order, if its not a
doctors order you can't crush the resident's
medication

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Controlled Substances are stored Double locked
at all times

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

Yes No Explain:

All Medication errors have to be reported
always.

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

Yes No Explain:

Medication room keys have to stay on the
DMA/LEAD 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:

you cannot use another person's medication
whatsoever at all, only medication that's
prescribed to the resident

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

if its 70 and below contact medical and
see if you are able to pass it

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

Yes No Explain:

Lisinopril, Tenormin and Norvasc all can treat
high blood pressure.

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

Yes No Explain:

one hour before and one hour after
only

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

Yes No Explain:

Medication that has been popped must
be destroyed Per beacon Policy.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Residents must have a prescription with a
doctors order to receive an insulin injection.
they have to have a doctors order for all medications.

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:

Call medical and ask if its okay to pass
any late medication before giving the resident
the medication

15. OTC means other than called for?

Yes No Explain:

Over the Counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

one Tablespoon is 15 mL

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No Explain:

Nothing by mouth

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

Yes No Explain:

All narcotics are not sent back to the pharmacy
a nurse has to be a witness with ^{per}dea for
beacon Policy.

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

Yes No Explain:

it is a common problem because the medication
can cause a movement disorder. Also can be
a side effect to the medication.

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

Yes No Explain:

Constipation is a common side effect for
residents taking psychotropic medications