



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: RIVER RUN

Employee Receiving In-Service: ARETHA DIXON

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: 4 / 1 / 21 Time: 8 : 00 am / pm Trainer: B. Miller

**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								✓	
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)								
	a. Resident is properly positioned, at a 45° sitting angle								
	b. Tube is checked for placement and patency								
	c. Tube is flushed before, between and after medications are administered								
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.

Aretha Dixon  
Employee Signature

4/11/21  
Date

Brittany Miller  
Home Manager Signature

4/11/21  
Date

Subj Wopur

4/23/2021

Arrethia Dixon

20/20  
100%

## ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

The Right Person / Resident    The Right Route  
The Right Medicine            The Right time & Date  
The Right Dosage                The Right Documentation

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

Yes     No    Explain:

Liquid medication should be poured at eye level on a  
flat surface

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

Yes     No    Explain:

When shift first start / And at the end of your shift  
Dma Change  
When medication is passed

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

Yes     No    Explain:

You would need a order from the Doctor to  
change the way the Resident takes the  
medication

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Substance controlled are double Locked

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

Yes  No Explain:

All Medication Errors errors needs to be reported

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

Yes  No Explain:

Medication key should be on the DMA staff 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 can never give another Resident another Resident Medication.

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

You should follow the Doctor orders

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

Yes  No Explain:

These Medication Can effect the Blood pressure

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

Yes  No Explain:

8pm medication are to be given at 8:00pm

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

Yes  No Explain:

You can put it in a bag and label it  
for the next med pass and as long as it the  
same DMA

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

An order has to be on record before we  
can pass anything

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:

You call on call medical for a late pass

15. OTC means other than called for?

Yes  No Explain:

OTC stands for over the counter

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

~~1~~ One table spoon is equal to 15ml

# ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes  No Explain:

NPO means Nothing by Mouth

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

Yes  No Explain:

We throw them out if they have been opened or used.

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

Yes  No Explain:

~~It's a calming side effect~~ It is a common side effect for people who take psychotropic medication

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

Yes  No Explain:

~~It's a calming side effect~~  
It is a common side effect