



**BEACON**  
Specialized Living

# Certificate of Completion

IS HEREBY GRANTED TO

Peter Clegg

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Virtual training and in-services

TYPE OF TRAINING

5/2/21

COMPLETION DATE

*Leah Mills*

TRAINER SIGNATURE



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Nicolet

Employee Receiving In-Service: Peter Clegg

Date of 1st In-Service: 4 /28 /21 Time: 1 : 00P ~~am~~ / pm Trainer: Learning and Development

Date of 2nd In-Service: 4 /28 /21 Time: 4 : 00P am / pm Trainer: Learning and Development

Date of 3rd In-Service: 5 /1 /21 Time: 8 : 00A am / pm Trainer: Leah Mills

Date of 4th In-Service: 5 /1 /21 Time: 3 : 00P am / pm Trainer: Leah Mills

Date of 5th In-Service: 5 /1 /21 Time: 4/5 : 00P am / pm Trainer: Leah Mills

Date of 6th In-Service:  / / Time:  : :  am / pm Trainer:

Date of Final Evaluation: 5 /2 /21 Time: 8 : 00A am / pm Trainer: Leah Mills

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



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



## Medication Administration In-Service and Evaluation

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

### 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.

Peter Clegg  
Employee Signature

5/2/21  
Date

Leah Mills  
Home Manager Signature

5/2/21  
Date

## DMA TRAINING

### LIST OF MEDICATIONS TO COMPLETE FOR DMA TRAINING

Use the attached forms to look up each of the medications listed below. Each line must be completed and turned in the day that you do your final DMA Evaluation with your ROM (Regional Operation Manager) for your area. You will not be able to become DMA certified until all of the forms are completed [ 48 ]  
See slide 65 in DMA Packette

Mental Illness Anxiety Disorders	Inhalers Allergy / Asthma	Hyperlipidemia Statins	Diabetes Endocrine & Metabolic
Abilify Ativan Clozaril Depakote Haldol Invega Klonopin Lamictal Lithium Risperdal Seroquel Tripleptal Zyprexa	Advair Discus Atrovent Flonase Flovent Loratadine Proventil	Crestor Lipitor Zocor	Apidra Byetta Glucophage Glyburide Lantus Levemir Levothyroxine Novolog Synthroid
Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
Dilantin Keppra Neurontin Topamax	Colace Miralax Prilosec Protonix Zantac	HCTZ (hydrochlorothiazide) Lisinopril Toprol Tenormin	Flexeril Motrin Norco Tylenol with Codeine Ultram

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DMA Code #1

1217

DMA Code #2

1109

DMA Code #3

0917

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSAGE RANGE	2-20mg
HOW TO TAKE	Orally
USES	Anti-psychotic, major depressive disorder, bipolar
SIDE EFFECTS	Agitation, weight gain, dizziness, sedation
WARNINGS	Low, kidney disease, OCS

DRUG NAME	Ativan
GENERIC NAME	Lorazepam
DOSAGE RANGE	0.5-2mg tab, 2-4mg injection
HOW TO TAKE	Orally, injection
USES	Anxiety disorder
SIDE EFFECTS	Changes in mood, confusion, drowsiness
WARNINGS	Not to purchase outside USA

DRUG NAME	Lozole
GENERIC NAME	Clozapine
DOSAGE RANGE	25 or 100mg
HOW TO TAKE	Orally
USES	Schizophrenia reduction if other fails
SIDE EFFECTS	Weight gain, dizziness, dry mouth
WARNINGS	May affect immune system

DRUG NAME	<del>Halal</del> Depakote
GENERIC NAME	Divalproex sodium
DOSAGE RANGE	125-500mg
HOW TO TAKE	Orally
USES	Seizures, mania, depression
SIDE EFFECTS	Nausea, headache, dizziness, rash
WARNINGS	Do not take if: liver disease, bone soft dizziness, drowsiness

DRUG NAME	Inegy
GENERIC NAME	gabapentin
DOSAGE RANGE	1.5-9mg
HOW TO TAKE	Orally
USES	Schizophrenia
SIDE EFFECTS	dizziness, drowsiness
WARNINGS	Not to be used in dementia

DRUG NAME	Alprazolam
GENERIC NAME	Xanax
DOSAGE RANGE	0.5 - 2 mg
HOW TO TAKE	Oral
USES	anxiety, panic disorder
SIDE EFFECTS	drowsiness, dizziness, dry mouth
WARNINGS	can be addictive, avoid alcohol

DRUG NAME	Lorazepam
GENERIC NAME	Ativan
DOSAGE RANGE	2 - 10 mg
HOW TO TAKE	Oral
USES	anxiety, insomnia
SIDE EFFECTS	sedation, ataxia, blurred vision
WARNINGS	avoid alcohol, can be addictive

DRUG NAME	Alprazolam
GENERIC NAME	Xanax
DOSAGE RANGE	1.5 - 6 mg
HOW TO TAKE	Oral
USES	anxiety, panic disorder
SIDE EFFECTS	drowsiness, dizziness, dry mouth
WARNINGS	can be addictive, avoid alcohol

DRUG NAME	Sertraline
GENERIC NAME	Zoloft
DOSAGE RANGE	25 - 200 mg
HOW TO TAKE	Oral
USES	depression, anxiety
SIDE EFFECTS	nausea, dizziness, lack of energy
WARNINGS	avoid grapefruit

DRUG NAME	Alprazolam
GENERIC NAME	Xanax
DOSAGE RANGE	0.25 - 1 mg
HOW TO TAKE	Oral
USES	anxiety, panic disorder
SIDE EFFECTS	drowsiness, dizziness, dry mouth
WARNINGS	can be addictive, avoid alcohol