



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

Hannah Hamill

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Virtual training and in-services

TYPE OF TRAINING

5/5/21

COMPLETION DATE

A handwritten signature in cursive script that reads "Tammy Skiles".

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Sand/Sounders Point Lodge  
 Employee Receiving In-Service: Thanna Plamille

\*This is done by a regional nurse

Date of 1st In-Service\*: 3 / 19 / 21 Time: 9:00 am / pm  Trainer: Learning & Development

Date of 2nd In-Service: 3 / 19 / 21 Time: 1:00 am / pm  Trainer: Learning & Development

Date of 3rd In-Service: 4 / 25 / 21 Time: 7:00 am / pm  Trainer: Tommy Stiles

Date of 4th In-Service: 5 / 08 / 21 Time: 7:00 am / pm  Trainer: Tommy Stiles

Date of 5th In-Service: 5 / 08 / 21 Time: 7:00 am / pm  Trainer: Tommy Stiles

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

Date of Final Evaluation: 5 / 05 / 21 Time: 7:00 am / pm  Trainer: Tommy Stiles

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



Date: 5/5/21

Date: 5/5/21

Home Manager Signature

Employee Signature

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.

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 Epoproclat 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)



## 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 Packerette

<b>Mental Illness</b> Anxiety Disorders Ability * Ativan Ciozartl * Depakote Haldol * Invega Klonopin * Lamictal Lithium Risperdal Serquel Triptal Zyprexa	<b>Inhalers</b> Allergy / Asthma Advair Discus Arovent Flonase Flovent Loradine Proventil	<b>Hyperlipidemia</b> Statins Crestor Lipitor * Zocor	<b>Diabetes</b> Endocrine & Metabolic Apidra Byetta Glucophage * Glyburide Lantus * Lenvir Levothyroxine * Novolog Synthroid *	<b>Seizures</b> Dilantin Keppra Neurontin X Topamax	<b>Gastrointestinal Disorder</b> Colace * Miralax Prilosec * Protonix Zantac	<b>Blood Pressure Meds</b> HCTZ (hydrochlorothiazide) Lisinopril * Toprol Tenormin	<b>Pain &amp; Inflammation</b> Flexeril Motrin * Norco * Tylenol with Codeine Ultram
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App/Website: Epocrates

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

DMA Code #1 0920

DMA Code #2 0617

DMA Code #3 0106

DRUG NAME	Lipitor
GENERIC NAME	Atorvastatin
DOSE RANGE	10mg, 20mg, 40mg, 80mg
HOW TO TAKE	Take same time every day with or without food
USES	hypercholesterolemia, mixed dyslipidemia
SIDE EFFECTS	myopathy, acute renal failure, pancreatitis
WARNINGS	Do not use while pregnant or breastfeeding

DRUG NAME	Halidol
GENERIC NAME	Haloperidol
DOSE RANGE	Tab 0.5mg, 1mg, 2mg, 5mg, 10mg, 20mg
HOW TO TAKE	with or without food, use a syringe or dose-measuring device
USES	Psychosis, Tourette's, agitation, behavioral disorder
SIDE EFFECTS	extra pyramidal rx, tardive dyskinesia, akathisia
WARNINGS	Discontinued in the US, but will chart for haloperidol

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSE RANGE	0.5mg BID, 0.5-1mg q3 day, max 3mg
HOW TO TAKE	place in mouth until dissolved, the swallow.
USES	seizures, panic disorder, anxiety, restless leg syndrome
SIDE EFFECTS	respiratory depression, dependence, seizures
WARNINGS	risk from concurrent opioid use, dependence, withdrawal

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSE RANGE	25mg, 100mg
HOW TO TAKE	place tab in your mouth and allow it to dissolve without chewing
USES	treatment of schizophrenia
SIDE EFFECTS	agranulocytosis, neutropenia, seizures, myocarditis
WARNINGS	severe neutropenia, orthostatic hypotension

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSE RANGE	5mg, 10mg, 15mg, 20mg, 30mg
HOW TO TAKE	swallow the regular tablet whole, with or without food
USES	schizophrenia, bipolar I, major depressive disorder
SIDE EFFECTS	insensitively, and prolaxis, stroke, dystonia, seizures
WARNINGS	dementia related psychosis, suicidality

DRUG NAME	Glucose
GENERIC NAME	docusate sodium
DOSE RANGE	50 - 300mg
HOW TO TAKE	take pill with powder
USES	Stool softener
SIDE EFFECTS	diarrhea, throat irritation
WARNINGS	may occur / none reported

DRUG NAME	Synthroid
GENERIC NAME	levothyroxine
DOSE RANGE	25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300mg
HOW TO TAKE	take on an empty stomach, take with 8oz of water
USES	hypothyroidism, TSH suppression
SIDE EFFECTS	hair loss, appetite increase, tremor
WARNINGS	not for weight loss or obesity

DRUG NAME	Neurontin
GENERIC NAME	gabapentin
DOSE RANGE	100mg, 300mg, 400mg, 600mg, 800mg, 50mg peram
HOW TO TAKE	with or without food, swallow whole with water
USES	seizures, fibro
SIDE EFFECTS	dizziness, somnolence, ataxia/fatigue
WARNINGS	depression, suicidal thoughts, anaphylaxis

DRUG NAME	Lantus
GENERIC NAME	insulin glargine
DOSE RANGE	100 units per mL
HOW TO TAKE	Inject prescribed dosage under the skin
USES	diabetes mellitus type 2
SIDE EFFECTS	hypoglycemia, myalgia, rash, URI
WARNINGS	hypersensitivity, anaphylaxis, hypokalemia

DRUG NAME	Glucophage
GENERIC NAME	metformin
DOSE RANGE	500mg, 850mg, 1000mg
HOW TO TAKE	take with meal
USES	diabetes mellitus, polycystic ovary syndrome
SIDE EFFECTS	diarrhea, nausea, vomiting, flatulence
WARNINGS	lactic acidosis, don't breast, crush, chew tablet

Name: Hanna Hamill

## Medical Training Test

1. What are the ranges for vital signs?  
a. Blood Pressure: 90-100/50-90  
b. Pulse: 50-100 bpm  
c. Temperature: 96-99°F  
d. Respirations: 12-20
2. When are vital signs taken on a resident?  
a. When a resident shows signs of infection or reports not feeling well.  
b. At the beginning of each month and as needed.  
c. As indicated on the MAR.  
d. All of the above
3. When is it okay to call 911 before contacting anyone else?  
a. When the resident tells you to.  
b. When the resident has chest pain, shortness of breath/breathing difficulties, seriously high or low vital signs, signs of a stroke, sudden change in condition or is non-responsive.  
c. When the resident is experiencing coughing, sneezing and runny nose.  
d. When the resident is experiencing nausea vomiting and diarrhea.
4.  T  F : When a resident leaves the home, staff does not have to bring their Epi Pen with them if they don't want to.
5. What does the stroke acronym FAST stand for?  
• F: face drooping  
• A: arm weakness  
• S: speech difficulty  
• T: time to call 911
6. If a resident has an incident of choking, when is it okay not to call 911?  
a. When the resident says they are okay.  
b. When the Heimlich technique was used.  
c. When the regional nurse is on-site, completes an assessment and approves that 911 does not need to be called.  
d. When vital signs are normal.
7.  T  F : It is important to report and record any change in physical condition or behavior of a resident.
8.  T  F : Behavioral changes can be due to a medical issue.
9.  T  F : If a seizure lasts 3 minutes long and the resident does not have a history of seizures there is no need to call 911 immediately.
10.  T  F : The circulatory system is made up of the blood, heart, and the brain.

11. The primary purpose of the respiratory system is to:  
 a. Supply oxygen to the tissue cells and eliminate carbon dioxide waste from the cells.  
b. Bring food and nutrients to the tissue cells.  
c. Both a and b.  
d. None of the above.

12. T  F: Foods that are difficult for someone to chew are chopped, ground, shredded and/or soft cooked to facilitate chewing and ease of swallowing, this is called a mechanical soft diet.

13. T  F: When a resident is eating and they are gagging, coughing, drooling, sticking their fingers into the back of their throat, or food is pooling in their mouth, it is not important to contact medical.

14. If a resident has a physician's order for a regular diet, the resident can consume:  
a. Only liquids.  
b. Foods that are dry and sticky.  
 c. All types of foods and liquids.  
d. Only what is on the menu.

15. The musculoskeletal system is comprised of:  
a. Sclera, retina, and cornea.  
 b. Bones, ligaments, joints, muscles and tendons.  
c. Both a and b.  
d. None of the above.

16. What does the acronym RICE stand for?

- R: Rest
- I: Ice
- C: Compress
- E: elevate

17. T  F: The skin is the largest organ in the human body.

18. What are the signs and symptoms of a urinary tract infection?  
a. Urinary frequency, low abdominal/back pain  
b. Diarrhea, blood in the stool  
c. Burning or pain when urinating, blood in the urine  
d. Confusion  
 e. a, c, and d

19. T  F: The hormones produced by the endocrine system regulate the entire body.

20. Uncontrolled diabetes can lead to:  
a. Heart disease.  
b. Dental disease.  
c. Nerve damage.  
 d. All of the above.

33. T  F  : After removing disposable gloves you do not need to wash your hands.

34. T  F  : It is a resident's right to refuse medical treatment, but if you as a staff feel that it is a medical emergency you should call 911 and let the resident refuse to the paramedics.

35. If you accidentally poke yourself with a used insulin needle, what should you do next?  
a. Clean site well with soap and water then notify supervisor immediately.   
b. Use hand sanitizer and call 911.   
c. Do not tell anyone.   
d. Clean site well with soap and water and notify your supervisor at the end of your shift.

36. T  F  : It is acceptable to operate a lifting device by yourself.

37. When lifting or transferring a client you must:  
a. Know how many people need to assist.   
b. Make the resident do it themselves.   
c. Communicate with your partner and the resident.   
d. Both a and c.

38. T  F  : Assistive devices do not need a physician's order.

39. T  F  : It is not necessary to report a fall to medical if no one was hurt.

40. What should you do if a resident experiences a fall?  
a. Take their vitals.   
b. Check for obvious signs of injury.   
c. Report to home manager and medical.   
d. All of the above.

# DMA CLASSROOM TRAINING TEST

NAME: Hannah Hamlin DATE: 4/24/21 SCORE: \_\_\_\_\_

1. Where should medication keys be kept?

On the DMA at all times.

2. T  F \_\_\_\_\_ PRN is an abbreviation for as needed or whenever necessary.
3. T  F \_\_\_\_\_ NPO is an abbreviation for by mouth
4. T \_\_\_\_\_ F  Prescription medication, including dietary supplements, or individual special medical procedures do not need to have a physician or dentist order.
5. T  F \_\_\_\_\_ Prescription medications are to be kept in the original pharmacy container which is labeled for a specific resident, and locked and refrigerated if required.
6. T \_\_\_\_\_ F  You should preset each resident's medication in order to save time.

7. If a resident can't swallow their medications and needs to be crushed, we need:

- a. a pill crusher
- b. the resident to chew the pill
- c.  a physician's order

8. The medication administration record (MAR) contains the following information:

- a. the medication, the side effects, and time to be administered.
- b. the medication, the dosage, the side effects
- c.  the medication, the dosage, label instructions for use, and time to be administered
- d. the medication, dosage

9. The following information about each medication must be obtained before it is given:

- a. purpose of medication and therapeutic effect
- b. unwanted side effects
- c. any known drug interactions with drugs the resident is currently is taking
- d. a and c
- e.  All of the above

# DMA CLASSROOM TRAINING TEST

10. T  F  When medication is removed from the pharmacy-labeled container, it must be administered to the resident immediately by the person removing the medication from the container.
11. T  F  The initials of the person who administers the medication, must be entered at the time the medication is given.

12. List the 6 rights of Medication Administration:

Person	Time
Doseage	Route
Medication	Documentation

13. T  F  If the MAR is missing the initials of the staff who administered a medication and you cannot verify the medication was given, the resident's physician must be notified. This is a med error.

14. T  F  If the resident refuses to take their medication, you should record the refusal on EMAR and complete the Event report?

15. T  F  When a resident is going on a LOA (Leave of Absence), you should remove the meds from the bubble pack and place in another container and label the new container for the resident to take with him or her.

16. T  F  If a PRN medication is prescribed, you need to know what it is prescribed for, and the PRN medication can only be given for the reason it is prescribed.

17. T  F  When giving a PRN medication, record the reason for giving the PRN medication, follow-up with effectiveness one hour later, write a note that describes in detail what was observed.
18. T  F  Medication errors must be reported to the nurse and to the home manager. An event report must be completed.

19. T  F  It is important for the DMA to be familiar with the medications that is being administered to the residents. The DMA should also be familiar with common side effects.

20. T  F  It is not important for the DMA to be able to educate the resident about his or her medications.

# DMA CLASSROOM TRAINING TEST

21. T  F  It is important to avoid distractions when preparing and or passing medications?
22. Prior to administering medications to a resident you should:
- ask the resident to tell you his or her name
  - identify the resident with his or her photo on EMAR
  - hand them a glass of water
  - All of the above
23. What is the medication administration time frame?
- half hour before and half hour after the correct administration time.
  - one hour before and one hour after the correct administration time
  - whenever the resident decides to take his or her medication
24. T  F  Good hand-washing technique is not important when you are passing medications.
25. T  F  When assisting a resident to apply a topical medication, it is alright to use your fingers to remove the medication from the jar.
26. T  F  Liquid medication is poured at eye level.
27. T  F  The resident has the right to refuse medication, but also has the right to know the consequences of refusing the medications.
28. T  F  Controlled substances must be counted by the on-coming shift (DMA) and the-going shift (DMA).
29. T  F  It is alright to store internal and external medications together.
30. T  F  When a blood sugar on a diabetic client is below 70, you should call the medical staff or on call personnel, and treat them with the hypoglycemic protocol and retest their blood sugar in 20 minutes?