



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon Specialized living / Red Mill

Employee Receiving In-Service: Amanda Houser

Date of 1st In-Service: 3 / 31 / 21 Time: 8 : 00 am Trainer: Learning & Development

Date of 2nd In-Service: 3 / 31 / 21 Time: 12 : 00 am Trainer: Learning & Development

Date of 3rd In-Service: 4 / 17 / 21 Time: 8 : 00 am pm Trainer: [Signature]

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:  / / Time:  :  am / pm Trainer:

**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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Area is clean and organized	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Area is always locked	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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.

Ananda Houser  
Employee Signature

4/17/21  
Date

Kimberly Steward  
Home Manager Signature

4-17-21  
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 4763

DMA Code #2 1005

DMA Code #3 0514

DRUG NAME	Miralax
GENERIC NAME	Polyethylene glycol
DOSAGE RANGE	0.2-0.8-Kg-dose
HOW TO TAKE	Oral powder
USES	1 capful
SIDE EFFECTS	nausea, abdominal distension, cramping
WARNINGS	

DRUG NAME	Toprol
GENERIC NAME	Metoprolol Succinate
DOSAGE RANGE	25mg, 50mg, 100mg, 200mg
HOW TO TAKE	Oral pill
USES	Heart failure, angina, migraine headache
SIDE EFFECTS	Fatigue, dizziness, diarrhea, pruritus, rash
WARNINGS	

DRUG NAME	Norco
GENERIC NAME	hydrocodone/acetaminophen
DOSAGE RANGE	5mg/325mg
HOW TO TAKE	Oral pill
USES	Pain, moderate - mod severe, hepatic dosing
SIDE EFFECTS	lightheadedness, dizziness, sedation, nausea
WARNINGS	

DRUG NAME	<del>Halodot</del> Ativan
GENERIC NAME	<del>Haloperidol</del> Lorazepam
DOSAGE RANGE	2-3mg/day
HOW TO TAKE	oral pill
USES	insomnia, short-term, nausea/vomiting
SIDE EFFECTS	Sedation, asthenia, ataxia, dizziness
WARNINGS	

DRUG NAME	Proventil
GENERIC NAME	albuterol inhaled
DOSAGE RANGE	90mcg per actuation
HOW TO TAKE	Inhaler
USES	bronchospasm, acute, bronchospasm exercise-
SIDE EFFECTS	URI sx, Throat irritation, Cough, bad Taste
WARNINGS	