BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Lantern Bay / APS - APN

Employee Receiving In-Service: Ashley Bowman

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: 4/26/21 Time: 4:00 am / (pm) Trainer: Florence Lawson

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							✓	

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

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	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.

Employee Signature — Date: 4/26/21

Home Manager Signature — Date: 4-26-21

Ashley Bowman

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

right time — right Documentain
right route — right resident
right dose — right medication

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

☐ Yes ☒ No Explain:

Medication is poured at eye level on flat Serface

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

☒ Yes ☐ No Explain:

the next Shift Count controlled Substance after the previous Shift

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

☐ Yes ☒ No Explain:

Can not alter any medication without a doctor order

ANNUAL DMA RECERTIFICATION TEST

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

☐ Yes ☒ No Explain:

A Controlled Substance is stored behind two locks

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

☐ Yes ☒ No Explain:

all medication errors need to be reported

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

☐ Yes ☒ No Explain:

the Medication room keys are on the DMA Person at all time

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 not use another resident medication for Someone else

ANNUAL DMA RECERTIFICATION TEST

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

☒ Yes ~~☒ No~~ Explain:

always give insulin pre scaled

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

☒ Yes ☐ No Explain:

~~pressure~~ pressure are taken to ensure it's not to low to give the medication or high

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

☐ Yes ☒ No Explain:

you only have an hour before and an hour after to give the medication

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

☐ Yes ☒ No Explain:

all medications are disposed of if not taken by the resident ~~cost~~ & when refused and after popped

ANNUAL DMA RECERTIFICATION TEST

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

☒ Yes ☐ No Explain:

all insluin injections are recorded on a second Staff verifaction Sheet

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 nurse and ask permission to give the medication late if okayed to give late go back in and put late pass

15. OTC means other than called for?

☐ Yes ☒ No Explain:

over the Counter

16. One Tablespoon is equal to 30ml?

☐ Yes ☒ No Explain:

one table spoon is equal to 15ml

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:

Follow the Pharmacy policy they dont allow return on Controlled Substances

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

☐ Yes ☒ No Explain:

choking and aspiration is a side effect of medication

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

☐ Yes ☒ No Explain:

Constipation is a side effect of a lot of prescibed medication

Category: Medical/Field Ops
System: Epocrates
Date Originated: 08/25/2020

Ashley Bowman

BEACON Specialized Living

How to Register for an Epocrates Account

Objective: Register for Epocrates.com

User Security Access Requirements: Available to all staff

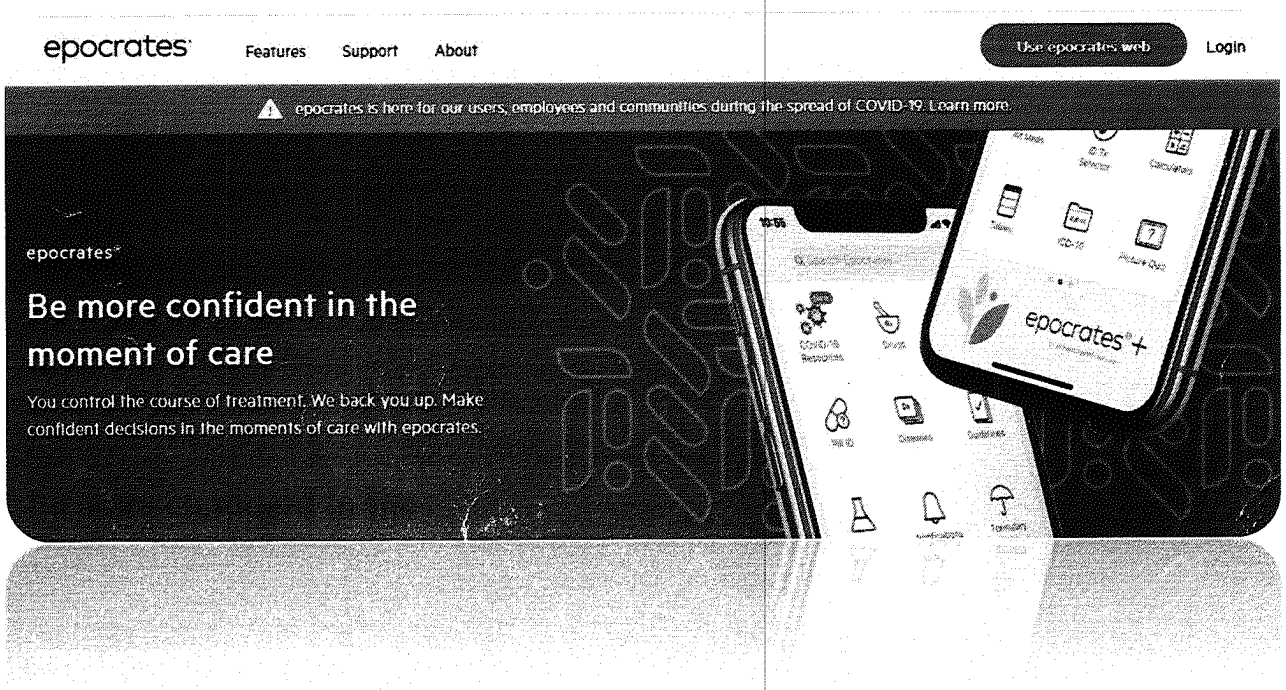
Beacon User Role: Available to all staff

Timeline: Should create an account upon initiating DMA certification training process.

How to Register:

Pull up Google Chrome or any other web browser and go to https://www.epocrates.com/

You will now be the Epocrates home page.

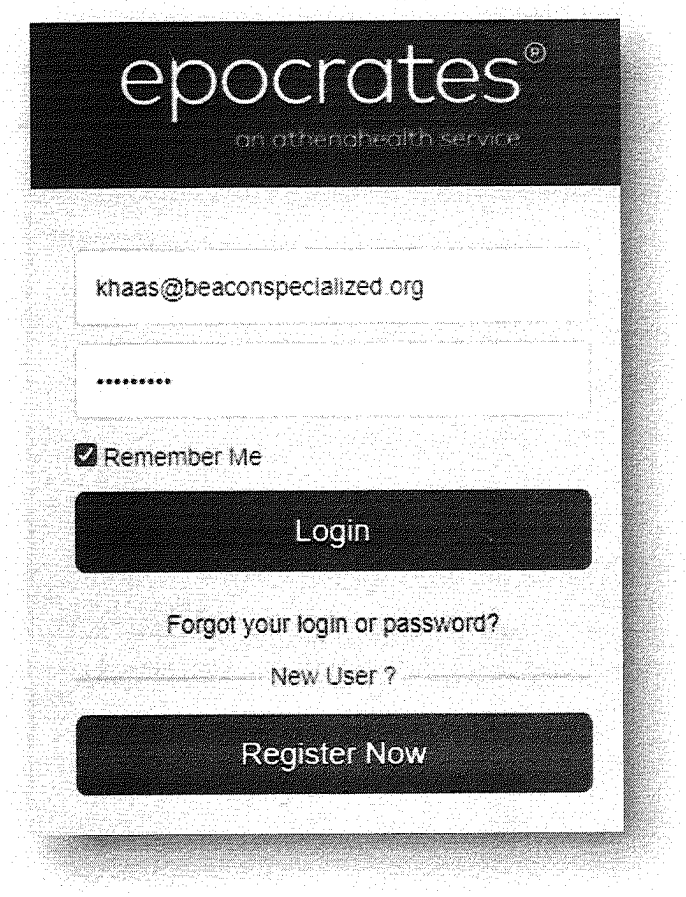


Click on "Login" in the upper right-hand corner of the page.

BEACON Specialized Living

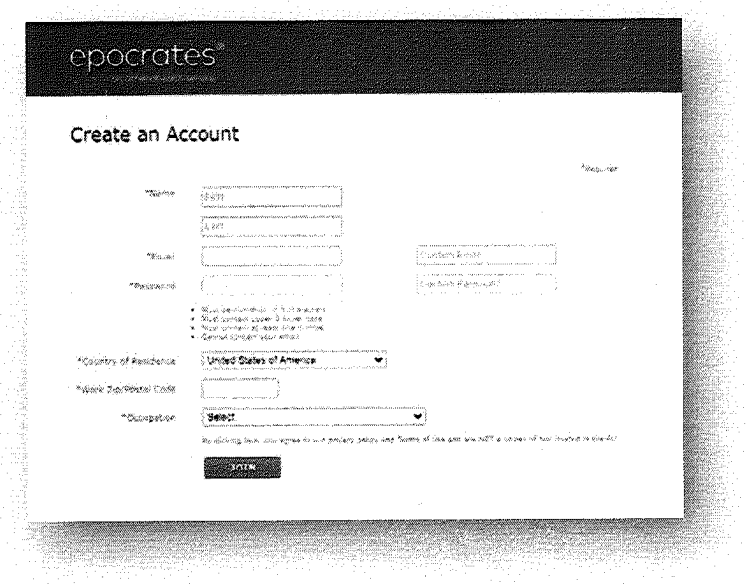
Ashley Bowman

A login box/registration box will pop-up.



Click on "Register Now" to register for an account. *(Enter credential if you have already registered to access the program.)*

Fill out the form below and click "Join". Use "Other Health Professional" for Occupation and use "49009" for your work zip. Be sure to use your Beacon e-mail.



Ashley Bowman

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 (hydorchlorothiazide) 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 9946

Ashley Bowman

DRUG NAME	Norco
GENERIC NAME	hydrocodon/acetaminophen
DOSAGE RANGE	5mg/325mg, 7.5mg/325mg, 10mg/325mg
HOW TO TAKE	oral Tablets
USES	relieve moderate to severe pain
SIDE EFFECTS	lightheadedness, dizziness, Sedation, nausea, Vomiting
WARNINGS	respiratory depression, Central Sleep Apnea, abuse

DRUG NAME	Topamax
GENERIC NAME	Topiramate
DOSAGE RANGE	15mg, 25mg (Sprinkle Cap) Tab 25mg 50mg 100mg 200mg
HOW TO TAKE	oral by mouth
USES	Anticonvulsant and nerve Pain medication, Treat/medicate Seizures
SIDE EFFECTS	tiredness, drowsiness, dizziness
WARNINGS	depression, Suicidal thoughts/Attempts, mental/mood problems

DRUG NAME	Prilosec
GENERIC NAME	omeprazole
DOSAGE RANGE	DR Cap 10mg 20mg 40mg DR Granule 10mg per PKT
HOW TO TAKE	By mouth oral
USES	Gastrointestinal Disorder
SIDE EFFECTS	headache abdominal pain nausea diarrhea
WARNINGS	hypersensitivity anaphylaxis Stevens-Johnson Syndrome

DRUG NAME	Neurontin
GENERIC NAME	gabapentin
DOSAGE RANGE	Cap 100mg, 300mg 400mg Tab 600mg 800mg SOL 50mg per ml
HOW TO TAKE	By mouth
USES	Seizure disorder, nerve pain
SIDE EFFECTS	dizziness Somnolence ataxia fatigue fever
WARNINGS	depression, Suicidality, Erythem multiforme

DRUG NAME	Seroquel
GENERIC NAME	quetiapine
DOSAGE RANGE	Tab 25mg 50mg 100mg 200mg 300mg 400mg
HOW TO TAKE	orally by mouth
USES	Schizophrenia, BiPolar I disorder
SIDE EFFECTS	Somnolence Xerostomia dizziness hypotension BP inc
WARNINGS	Dementia-related psychosis, Suicidality

Ashley Bowman

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSAGE RANGE	2mg, 5mg, 10mg, 15mg, 20mg, 30mg
HOW TO TAKE	ORAL
USES	Schizophrenia, bipolar, Major depressive disorder
SIDE EFFECTS	hypersensitivity, anaphylaxis, NMS, extrapyramidal
WARNINGS	Suicide risk, Dementia-Related Psychosis

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSAGE RANGE	25mg, 100mg
HOW TO TAKE	oral
USES	Schizophrenia, Suicide prevention
SIDE EFFECTS	dyslipidemia, hyperglycemia, weight gain
WARNINGS	Severe Neutropenia, Orthostatic Hypertension

DRUG NAME	Keppra
GENERIC NAME	levetiracetam
DOSAGE RANGE	250mg, 500mg 750mg 1000mg
HOW TO TAKE	oral
USES	Seizure Disorders
SIDE EFFECTS	hypersens headache Bp inc. Somnolence
WARNINGS	depression hostility aggressive behaviors

DRUG NAME	Toprol
GENERIC NAME	metoprolol Succinate
DOSAGE RANGE	25mg, 50mg, 100mg, 200mg
HOW TO TAKE	by mouth
USES	beta blocker to treat chest pain, heart failure, high bloodpressure
SIDE EFFECTS	fatigue, dizziness, diarrhea, pruritus, rash, depression
WARNINGS	Severe Angina exacerbation, CHF, bradycardia, heart block

DRUG NAME	Zyprexa
GENERIC NAME	olanzapine
DOSAGE RANGE	2.5mg 5mg 7.5mg 10mg 15mg 20mg Inj 5mg per ml
HOW TO TAKE	oral, injection
USES	Antiemetics, 2nd Generation Antipsychotics
SIDE EFFECTS	weight gain, Somnalence, hyperprolactinemia
WARNINGS	neuroleptic malignant, extrapyramidal, tardive dyskinesia