



BEACON Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Anchor Pointe

Employee Receiving In-Service: Martha Maldonado

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 / 16 / 21 Time: 12:00 am (pm) Trainer: Fluence Law

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

		1	2	3	4	5	6	7	8	9	Final	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								
7								
8							N/A	
							N/A	
							N/A	
							N/A	
9							✓	
							✓	
							✓	
10							✓	
11							✓	
12							✓	
13							✓	
14							✓	
15							✓	
16							✓	
17							✓	
18							✓	



Medication Administration In-Service and Evaluation

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19							✓	
20							✓	
21							✓	
22							✓	
23							✓	
24							✓	
25							✓	
26							✓	

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.

Martha Maldonado
Employee Signature

4/16/21
Date

[Signature]
Home Manager Signature

4-16-21
Date

Martha Maldonado

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

right patient
right route
right time

right dosage
right documentation
right medication

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

Yes No Explain:

Pour on a level area

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

Yes No Explain:

Before during and after the shift when passing
the keys off to the next shift.

Any time medications are passed

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

Yes No Explain:

Has to be Dr. Prescribed

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

It is double Locked according to policy and procedures

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

Yes No Explain:

Any medication error need to be reported

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

Yes No Explain:

Should be with the lead at all time until passed to the next Lead.

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't use any other medication that belongs to some one else.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

The ~~glucose~~ glucose has to be in the range.

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

Yes No Explain:

These medications are used to treat blood pressure

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

Yes No Explain:

It can be given from 7:00 - to 9:00

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

Yes No Explain:

They have to be destroyed

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

There has to be an order for all medication

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 the nurse to get permission

15. OTC means other than called for?

Yes No Explain:

Over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

It is 15 ml.

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:

They are to be destroyed by the nurse

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

Yes No Explain:

It is a common issue with people that take psychotropic medication

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

Yes No Explain:

It ~~can~~ often causes Constipation

mm
Martha Maldonado

How to Register for an Epocrates Account

Objective: Register for Epocrates.com

User Security Access Requirements: Available to all staff

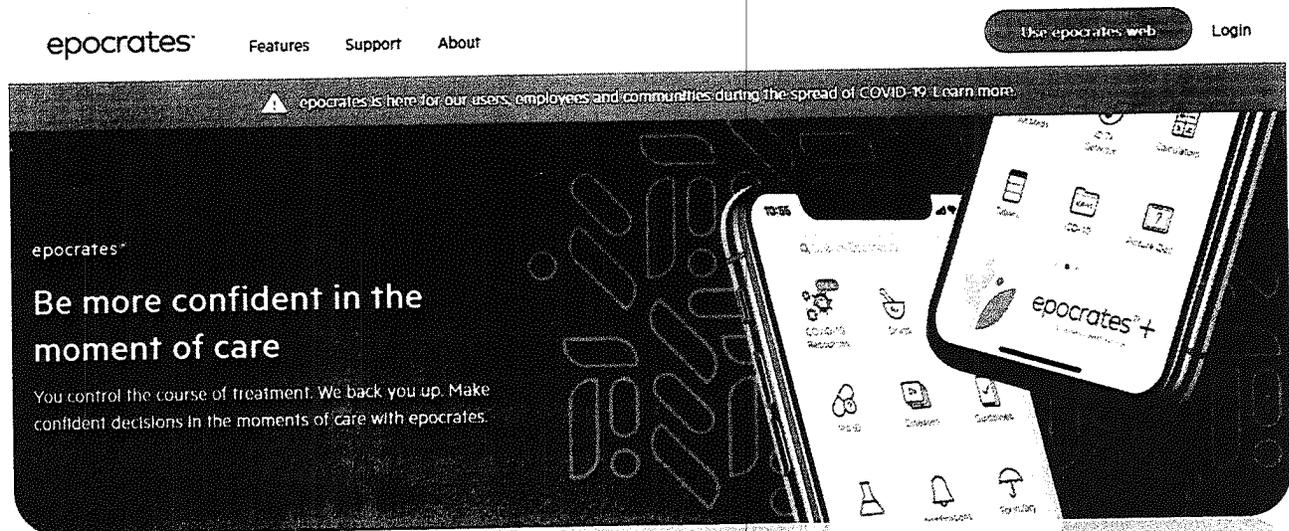
Beacon User Role: Available to all staff

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.





A login box/registration box will pop-up.

epocrates®
an athenahealth service

khaas@beaconspecialized.org

.....

Remember Me

Login

[Forgot your login or password?](#)

[New User ?](#)

Register Now

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.

epocrates®
an athenahealth service

Create an Account

Name

Email

Password

Country of Residence: United States of America

Home Zip: 00000

Occupation: Other Health Professional

Join

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 2339

DMA Code #2 8746

DMA Code #3 7752

DRUG NAME	Ativan
GENERIC NAME	Lorazepam
DOSAGE RANGE	Tab 0.5mg, 1mg, 2mg, Inj 2mg per ml 4mg per ml
HOW TO TAKE	Oral
USES	insomnia, short term, preoperative sedation
SIDE EFFECTS	sedation, Fatigue, Confusion, irritability
WARNINGS	Addiction, Dependence and withdrawal reactions

DRUG NAME	Invega
GENERIC NAME	paliperidone
DOSAGE RANGE	ER TAB 1.5 mg 3mg, 6mg, 9mg
HOW TO TAKE	Oral
USES	Schizophrenia, Schizoaffective disorder
SIDE EFFECTS	nausea, dizziness weight gain Cough
WARNINGS	Dementia - Related psychosis

DRUG NAME	Motrin
GENERIC NAME	Ibuprofen
DOSAGE RANGE	1-2 tabs No more than 6 tabs 24 hrs
HOW TO TAKE	ORAL
USES	NSAIDs reducing pain/inflammation, fever
SIDE EFFECTS	dyspepsia headache drowsiness, dizziness
WARNINGS	NA

DRUG NAME	Novolog
GENERIC NAME	insulin aspart
DOSAGE RANGE	Inj (Pen Fill U-100 Cartridges)
HOW TO TAKE	Injection
USES	diabetes mellitus
SIDE EFFECTS	weight gain, injection site lipodystrophy
WARNINGS	NA

DRUG NAME	Apidra
GENERIC NAME	insulin glylisine
DOSAGE RANGE	Inj (Solo star U-100pen)
HOW TO TAKE	Injection
USES	diabetes mellitus
SIDE EFFECTS	hypoglycemia, rash, weight gain, edema peripheral
WARNINGS	NA

DRUG NAME	protonix
GENERIC NAME	pantoprazole
DOSAGE RANGE	DR Tab 20mg, 40mg, DR granule 40mg per pkt IV, various
HOW TO TAKE	oral
USES	Genl hypersecretory conditions
SIDE EFFECTS	headache, diarrhea, abdominal pain
WARNINGS	N/A

DRUG NAME	Zantac
GENERIC NAME	ranitidine
DOSAGE RANGE	Tab 150mg, 300mg, Sol 15mg per mL IV, 25mg per mL
HOW TO TAKE	oral
USES	Withdrawn From U.S. market due to Contamination
SIDE EFFECTS	Vertigo, Confusion, headache, Constipation
WARNINGS	N/A

DRUG NAME	Prinivil
GENERIC NAME	Lisinopril
DOSAGE RANGE	Tab 10mg, 20mg
HOW TO TAKE	oral
USES	migraine headache, heart failure w/ reduced
SIDE EFFECTS	Cough Fatigue headache dizziness
WARNINGS	Fetal Toxicity

DRUG NAME	Colace
GENERIC NAME	docusate sodium
DOSAGE RANGE	50/150 mg/day PO divided qd. bid pm 50/300 mg/day PO divided qd. bid pm
HOW TO TAKE	oral
USES	emollient laxative For softening stool
SIDE EFFECTS	diarrhea rash abdominal cramps electrolyte disorder
WARNINGS	N/A

DRUG NAME	Miralax
GENERIC NAME	polyethylene glycol 3350
DOSAGE RANGE	1 capful dissolve in 4-8oz of liquid
HOW TO TAKE	oral
USES	osmotic laxative For Relieving Constipation
SIDE EFFECTS	nasal burning, cough, bronchitis, nasal ulcer
WARNINGS	N/A