



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Ravine

Employee Receiving In-Service: Jaeta Galloway

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: 6/17/21 Time: 5:00 am (pm) Trainer: Monique Johnson

**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							✓	



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



## Medication Administration In-Service and Evaluation

	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.

Jaeda Gallaway  
Employee Signature

6/17/21  
Date

Monique Johnson  
Home Manager Signature

6/17/21  
Date

20/20

100%

Jake Galloway

# ANNUAL DMA RECERTIFICATION TEST

6/17/21

1. List the six patient rights:

<u>Person</u>	<u>Route</u>
<u>Medication</u>	<u>Dosage</u>
<u>Time</u>	<u>Documentation</u>

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

Yes  No Explain:

So you could see how much to give  
the resident, this needs to be done on a  
flat surface.

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

Yes  No Explain:

That way another staff could count with  
you how many controlled substances are left. You  
also need to complete count when you pass a  
controlled.

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

Yes  No Explain:

No, NOT if it isn't instructed or in writing  
by a doctor.

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

# ANNUAL DMA RECERTIFICATION TEST

NO, you do not give insulin if the sugar is low it could cause the resident to get sick.

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

Yes    No   Explain:

They affect the blood pressure

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

Yes    No   Explain:

NO, the med time is always a hour before or an hour after. 7:00 - 8:59

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

Yes    No   Explain:

NO, you dispose the medication in the Dropbox and call medical - on call to tell them the resident refused it, then write an ER.

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

Yes    No   Explain:

# ANNUAL DMA RECERTIFICATION TEST

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18. All controlled substances are returned to the pharmacy to be repackaged?

Yes  No Explain:

Schedule Resident name out with black marker  
the throw it away; after disposing the medication  
in the dead drug box.

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

Yes  No Explain:

This is a common problem.

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

Yes  No Explain:

Some side effects are weight gain, Drowsiness etc.  
including constipation.

# ANNUAL DMA RECERTIFICATION TEST

Yes  No Explain:

They are to be double locked

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

Yes  No Explain:

Anytime you make a med error you contact medical on call or poison control. Write an IR.

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

Yes  No Explain:

With the rest of the keys are where you would find them, on the staff. No keys should ever be left unattended

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:

Another resident med might be a higher dosage, and you'll mark it as "not delivered". After approval from the nurse KLT Pharmacy is good about us not running out of medications.

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

Yes  No Explain:

# ANNUAL DMA RECERTIFICATION TEST

there always needs to be an order  
before we can pass any medications.

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:

Because some meds are set at a certain time so  
it won't conflict with other meds; you need to call  
medical for permission to pass medications  
late. You would mark them as refused.

15. OTC means other than called for?

Yes  No Explain:

Over the counter?

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

One tablespoon is 14ml

17. NPO means para oral?

Yes  No Explain:

NPO stands for "Nothing by Mouth."