



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

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

Employee Receiving In-Service: Jessie Ballard

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: pm am / pm Trainer: Fluence 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								✓	



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)							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							✓	



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.

Jess. Ballard
Employee Signature

4-26-21
Date

[Signature]
Home Manager Signature

4-26-21
Date

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

person
date/time
route

dose
documentation
right medication

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

Yes No Explain:

on a flat surface at eye level

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

Yes No Explain:

as soon as the pill is popped

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

Yes No Explain:

has to be ordered by a doctor

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

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

Yes No Explain:

report immediately

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

Yes No Explain:

has to be on me2 person at all times

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:

medication fraud

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

if sugar is regular ~~Call on~~ Hold
Call on call to be sure

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

Yes No Explain:

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

Yes No Explain:

hour before hour after

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

Yes No Explain:

properly dispose

ANNUAL DMA RECERTIFICATION TEST

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

Yes No

Explain:

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:

can on call and ask if you can
pass medication

15. OTC means other than called for?

Yes No Explain:

over the counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

2 tablespoons = 30ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No Explain:

~~the~~ ~~nothing by mouth~~ nothing by mouth

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

Yes No Explain:

properly dispose of them

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

Yes No Explain:

a side effect can cause choking

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

Yes No Explain: