Amanda mcdonald

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 2020 DMA Code #2 1978 DMA Code #3 2022

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Medication Administration In-Service and Evaluation

Name of Facility/Home: Wolf Lake

Employee Receiving In-Service: Amanda McDonald

Date of 1st In-Service: 6/24/21 Time: 1:00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 6/24/21 Time: 4:00pm am / pm Trainer: Learning and Development

Date of 3rd In-Service: 6/24/21 Time: 8:00 am / (pm) Trainer: Veronica

Date of 4th In-Service: 6/25/21 Time: 8:00 (am) / pm Trainer: Veronica (CP)

Date of 5th In-Service: / / Time: : am / pm Trainer:

Date of 6th In-Service: / / Time: : am / pm Trainer:

Date of Final Evaluation: 6/25/21 Time: 8:00 (am) / pm Trainer: Veronica

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)	✔	✔	√				√	
	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	✔	✔	√				√	

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	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor 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 Guide to Drugs Book	✔	✔	✓				✓	
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 ☑ 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: 6/25/21

Home Manager Signature — Date: 6/25/21