



Certificate of Completion
IS HEREBY GRANTED TO

Elaine Mcknight

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Annual DMA Virtual training and in-service

TYPE OF TRAINING

7/23/21

COMPLETION DATE

A handwritten signature in cursive script, appearing to read "Termy Williams", written over a horizontal line.

TRAINER SIGNATURE



Medication Administration In-Service and Evaluation

Name of Facility/Home: Sand / Saunders Point Lodge

Employee Receiving In-Service: Elaine McKnight

Date of 1st In-Service: 4 / 21 / 202 Time: 1 : 00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 4 / 21 / 202 Time: 3 : 00pm am / pm Trainer: Learning and Development

Date of 3rd In-Service: 7 / 8 / 21 Time: 7 : 00 am / pm Trainer: Tammy Hillis

Date of 4th In-Service: 7 / 13 / 21 Time: 7 : 00 am / pm Trainer: Tammy Hillis

Date of 5th In-Service: 7 / 15 / 21 Time: 7 : 30 am / pm Trainer: Tammy Hillis

Date of 6th In-Service: 7 / 22 / 21 Time: 7 : 00 am / pm Trainer: Tammy Hillis

Date of Final Evaluation: 7 / 23 / 21 Time: 7 : 00 am / pm Trainer: Tammy Hillis

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	<input checked="" type="checkbox"/>							
	a. Location of ample supplies prior to administration	<input checked="" type="checkbox"/>							
	b. Area is clean and organized	<input checked="" type="checkbox"/>							
	c. Area is always locked	<input checked="" type="checkbox"/>							
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)	<input checked="" type="checkbox"/>							
2	DMA washes hands prior to administering medications and between each Resident	<input checked="" type="checkbox"/>							
3	Medication keys are retained by DMA	<input checked="" type="checkbox"/>							
4	Resident is identified per facility policy and procedure prior	<input checked="" type="checkbox"/>							
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications	<input checked="" type="checkbox"/>							
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	<input checked="" type="checkbox"/>							
	b. If Apical Pulse is required, privacy is provided	<input checked="" type="checkbox"/>							
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'	<input checked="" type="checkbox"/>							
	a. Medications are properly removed from container/blister pack and (,) dot is placed in appropriate box on MAR	<input checked="" type="checkbox"/>							
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle	<input checked="" type="checkbox"/>							



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	<input checked="" type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>							
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	h. Correct dose is administered	<input checked="" type="checkbox"/>							
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>							
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>							
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>							
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>							
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>							
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<input checked="" type="checkbox"/>							
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input checked="" type="checkbox"/>							
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input checked="" type="checkbox"/>							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>							
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>							
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>							
15	Residents' rights are observed	<input checked="" type="checkbox"/>							
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>							
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input checked="" type="checkbox"/>							
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>							



Medication Administration In-Service and Evaluation

In-Service #		1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>							
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>							
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>							
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>							
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>							
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>							
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>							
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>							

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.

Elaine McKnight
Employee Signature

7/23/21
Date

Reilly Bailey
Home Manager Signature

7-26-2021
Date

Elaine McKnight

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
<input checked="" type="checkbox"/> Abilify <input type="checkbox"/> Ativan <input checked="" type="checkbox"/> Clozaril <input type="checkbox"/> Depakote <input type="checkbox"/> Haldol <input type="checkbox"/> Invega <input checked="" type="checkbox"/> Klonopin <input type="checkbox"/> Lamictal <input type="checkbox"/> Lithium <input type="checkbox"/> Risperdal <input type="checkbox"/> Seroquel <input type="checkbox"/> Tripleptal <input type="checkbox"/> Zyprexa	<input type="checkbox"/> Advair Discus <input type="checkbox"/> Atrovent <input type="checkbox"/> Flonase <input checked="" type="checkbox"/> Flovent <input type="checkbox"/> Loratadine <input type="checkbox"/> Proventil	<input type="checkbox"/> Crestor <input type="checkbox"/> Lipitor ✓ <input type="checkbox"/> Zocor	<input type="checkbox"/> Apidra <input type="checkbox"/> Byetta <input type="checkbox"/> Glucophage <input type="checkbox"/> Glyburide <input type="checkbox"/> Lantus <input type="checkbox"/> Levemir <input type="checkbox"/> Levothyroxine <input type="checkbox"/> Novolog <input type="checkbox"/> Synthroid
Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
<input checked="" type="checkbox"/> Dilantin <input type="checkbox"/> Keppra <input type="checkbox"/> Neurontin <input type="checkbox"/> Topamax	<input checked="" type="checkbox"/> Colace <input type="checkbox"/> Miralax <input type="checkbox"/> Prilosec <input type="checkbox"/> Protonix <input type="checkbox"/> Zantac	<input checked="" type="checkbox"/> HCTZ (hydrochlorothiazide) <input checked="" type="checkbox"/> Lisinopril <input type="checkbox"/> Toprol <input type="checkbox"/> Tenormin	<input checked="" type="checkbox"/> Flexeril <input type="checkbox"/> Motrin <input type="checkbox"/> Norco <input type="checkbox"/> Tylenol with Codeine <input type="checkbox"/> Ultram

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DMA Code #1 1203

DMA Code #2 1133

DMA Code #3 0021

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSAGE RANGE	10-15 mg/day once a day
HOW TO TAKE	By mouth once a day w/ or w/o food as directed by Dr
USES	used to treat symptoms of psychotic conditions such as schizophrenia and bipolar disorder
SIDE EFFECTS	nausea, vomiting, constipation, headache, dizziness, akathisia, anxiety, insomnia, restlessness
WARNINGS	Increased mortality in elderly patients w/ dementia-related psychosis & suicidal thoughts & behaviors w/ antidepressant drugs

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSAGE RANGE	0.5 to 1mg every 3 days for seizure. 0.25-1mg/day ^{Panic Disorder}
HOW TO TAKE	Oral use
USES	Prevent & control seizures treat panic attacks
SIDE EFFECTS	profound sedation, respiratory depression, coma & death
WARNINGS	Call Dr if you have new or worsening symptoms of depression or unusual changes in behavior, or thoughts of suicide or hurting yourself

DRUG NAME	Flexeril
GENERIC NAME	Cyclobenzaprine
DOSAGE RANGE	5 mg 3 times per day up to 10mg
HOW TO TAKE	Orally
USES	used to treat symptoms of muscle spasms
SIDE EFFECTS	abdominal pain, acid regurgitation, constipation, diarrhea, dizziness, nausea, irritability, mental activity decreased, nervousness
WARNINGS	Arrhythmias, sinus tachycardia, myocardial infarction & stroke

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSAGE RANGE	12.5 mg once or twice daily up to max of 300-450mg/day
HOW TO TAKE	oral administration
USES	Treat schizophrenia
SIDE EFFECTS	weight gain, tremor, dizziness, spinning sensation, headache, drowsiness, nausea, constipation
WARNINGS	Severe Neutropenia

DRUG NAME	Dilantin
GENERIC NAME	Phenytoin
DOSAGE RANGE	One 100mg by mouth 3 times per day
HOW TO TAKE	By mouth 3 times per day
USES	Treating grand mal & temporal seizures
SIDE EFFECTS	Liver problems, low blood count, softening of bones, High blood sugar
WARNINGS	Abrupt withdrawal may precipitate

DRUG NAME	Lipitor
GENERIC NAME	Atorvastatin Calcium
DOSAGE RANGE	10-20 mg once daily to 80mg
HOW TO TAKE	at the same time w/ food everyday or by mouth
USES	Lower blood levels of "bad" cholesterol (low) increase levels of "good" cholesterol (high)
SIDE EFFECTS	Pain or burning when urinate, upper stomach pain, weakness - feeling tired, loss of appetite
WARNINGS	myopathy & Rhabdomyolysis w/ or w/o acute renal failure rare fatalities

DRUG NAME	Novolog
GENERIC NAME	Insulin Aspart
DOSAGE RANGE	Sliding Scale
HOW TO TAKE	injection 10 min. before a meal
USES	Control high blood sugars
SIDE EFFECTS	Dizziness, blurred vision, anxiety, irritability, sweating, slurred speech
WARNINGS	Never share between patients

DRUG NAME	Miralax
GENERIC NAME	Polyethylene glycol
DOSAGE RANGE	17 g w/ 4-8 oz liquid - Dissolve
HOW TO TAKE	Drink dissolved in liquid
USES	Used to treat symptoms of constipation or bowel preparation
SIDE EFFECTS	Bloating, gas, upset stomach, dizziness
WARNINGS	Do not use if you are allergic to polyethylene glycol or have kidney disease

DRUG NAME	Zestoretic
GENERIC NAME	Lisinopril
DOSAGE RANGE	10mg / 12.5mg - 20mg / 12.5mg
HOW TO TAKE	Orally
USES	Treat high Blood Pressure
SIDE EFFECTS	Dizziness, cough, headache, High Potassium
WARNINGS	Discontinue if pregnant

DRUG NAME	Flovent
GENERIC NAME	Fluticasone Propionate HFA
DOSAGE RANGE	180 metered delivering 44, 110 or 220 mcg
HOW TO TAKE	inhaler
USES	Treats symptoms of asthma
SIDE EFFECTS	weakness, tired, nausea, vomiting, light headedness
WARNINGS	Thrush, weakened immune system