

(Christian Lewis)

# ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

<u>patient</u>	<u>time</u>
<u>close</u>	<u>medication</u>
<u>route/method</u>	<u>documentation</u>

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

Yes  No Explain:

Meds are poured eye level on hard  
flat surface with label covered by  
palm of your hand.

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

Yes  No Explain:

Controlled substance log is updated any  
time a substance is given to a resident  
and at each shift change for count.  
And any time DMA keys are handed off

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

Yes  No Explain:

Tablets can only be crushed when  
Dr. prescribes pills to be crushed for  
the resident. must be a written order

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

Yes  No Explain:

All meds are controlled by single lock policy.

All meds are double locked

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

Yes  No Explain:

All medication errors must be reported every single time. No exceptions.

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

Yes  No Explain:

Medication room keys are kept on a key ring and kept on person who is DMA for the shift.

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:

That is a violation of policies. As DMA you should be informing house manager that resident's meds are running low before that happens. Never pass a resident another resident's meds

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

Yes

No

Explain:

Lantus should only be given as  
prescribed by dr on label

Sliding Scale

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

Yes

No

Explain:

Blood pressure is taken weekly per policy  
to monitor the health of the residents  
and report out of range pressures to on call  
nurse/dr.

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

Yes

No

Explain:

Medications may be given & documented via  
computer from 8pm - 9:00pm. Then you have  
30 minute from 9:00 - 9:30 pm to document on  
paper MAR.

Meds may be passed an hour before  
and an hour after with 30 additional minutes  
for paper MAR

12.

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

Yes

No

Explain:

If refused document the refusal and  
destroy into proper containers - black  
lock box for controlled and white liquid  
bottle non-controlled.

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

Yes  No Explain:

All medications must have orders on record to be given.

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:

If 1 hour past time you have 30 minutes to document med pass on paper MAR. If 30 minute window has passed then you call medical for further instructions.

15. OTC means other than called for?

Yes  No Explain:

Over-the-counter.

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

15 ml is 1 tablespoon.

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17. NPO means para oral?

Yes  No Explain:

Noting by mouth.

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

Yes  No Explain:

Once closed out they must be destroyed. You can't reuse medications in that way.

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

Yes  No Explain:

Choking & aspiration can happen with any medication to any resident.

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

Yes  No Explain:

Constipation is a side effect of many medications.

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