



## Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge St

Employee Receiving In-Service: Jazmyn Selby

Date of 1st In-Service: 09/10/21 Time: 8:00 am/pm  Trainer: Vanessa Berry

Date of 2nd In-Service: 09/11/21 Time: 8:00 am/pm  Trainer: Vanessa Berry

Date of 3rd In-Service: 09/12/21 Time: 8:00 am/pm  Trainer: Vanessa Berry

Date of 4th In-Service: 09/15/21 Time: 8:00 am/pm  Trainer: Vanessa Berry

Date of 5th In-Service: 09/16/21 Time: 7:00 am/pm  Trainer: Vanessa Berry

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

Date of Final Evaluation: 09/17/21 Time:    :    am/pm Trainer: Alexandra Williams

### 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"/> |     | <input checked="" type="checkbox"/> |          |
|   | a. Location of ample supplies prior to administration  |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
|   | b. Area is clean and organized   |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
|   | c. Area is always locked   |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
|   | d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)                                      |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
| 2 | DMA washes hands prior to administering medications and between each Resident  |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
| 3 | Medication keys are retained by DMA  |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
| 4 | Resident is identified per facility policy and procedure prior   |              | <input checked="" type="checkbox"/> |     | <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"/> |     | <input checked="" type="checkbox"/> |          |
|   | a. If Pulse and BP are required, hands and equipment are washed per facility policy  |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
|   | b. If Apical Pulse is required, privacy is provided  |              | <input checked="" type="checkbox"/> |     | <input checked="" type="checkbox"/> |          |
| 6 | Medications Administration per facility policy and procedure: to include review of the '6 Rights'                                  |              | <input checked="" type="checkbox"/> |     | <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"/> |     | <input checked="" type="checkbox"/> |          |
|   | b. Liquid medication is poured at eye level, with palm covering label of stock bottle  |              | <input checked="" type="checkbox"/> |     | <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"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | d. Observe Resident to ensure medication is swallowed   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | h. Correct dose is administered   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | i. Medication is administered at correct time   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | j. Verify no additional MAR pages have been added   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 7  | Infection control technique is reviewed   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 8  | Medication via gastric tube administered per facility policy and procedure (if applicable)  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | a. Resident is properly positioned, at a 45° sitting angle  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | b. Tube is checked for placement and patency  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
|    | c. Tube is flushed before, between and after medications are administered   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 10 | DMA crushes medication according to facility policy and procedure ONLY with physician's orders.                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 11 | DMA administers eye and ear medication according to facility policies and procedures  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 12 | Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 13 | Medication administration should not interrupted. DO NOT RUSH   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 14 | Controlled drugs are stored (Double Locked) according to facility policy and procedure  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 15 | Residents' rights are observed  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 16 | Location, Procedures and Documenting for administering PRN  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |          |
| 18 | Medications are administered within time frame per facility policy  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <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"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 20 | Medication area is cleaned and locked after completion of medication administration                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 21 | Designated Medication Administrator can identify action and common side effects of medications administered | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 22 | Approved Abbreviations List is reviewed   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 23 | Seizure precautions and documentation   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 24 | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 25 | 2nd Staff Verification, what it is, when it is needed, and how to document it                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| 26 | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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.

  
Employee Signature

09-17-21  
Date

  
Home Manager Signature

09/17/21  
Date

20/20  
100%

Jazmyn Selby

# ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

Right person  
Right Route  
Right time

Right dosage  
Right documentation  
Right medication

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

Yes  No Explain:

Needs to be poured on a level  
platform (table)

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

Yes  No Explain:

After count you + Second Staff  
Initial and at end of shift/beginning  
(shift change)

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

Yes  No Explain:

Some meds cannot be crushed. Need  
doctor orders

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Double locked

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

Yes  No Explain:

All med errors need to be reported

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

Yes  No Explain:

They're signed/transformed between DMA'S and on the DMA'S 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:

Meds cannot be shared, nursing and home manager need to be called right away to help get medications into the home.

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Insulin is only given for low readings, give as prescribed.

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

Yes  No Explain:

People who monitor blood pressure take those meds, but BP readings are not used to monitor the meds

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

Yes  No Explain:

You may be able to get approval for a late pass, however, meds can only be given within 1 hour before and 1 hour after 7:00-9:00

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

Yes  No Explain:

They're documented as refusals and disposed of per policy.

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

They have to be on record to administer 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:

Refusal on that would be ~~expose~~ documentation and staff can call medical to approve late pass.

15. OTC means other than called for?

Yes  No Explain:

OTC means over the counter

16. One Tablespoon is equal to 30ml?

Yes  No Explain:

one tablespoon = 14.79 ml

# ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes  No Explain:

NPO means NOTHING by mouth

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

Yes  No Explain:

No prescriptions are ever returned to pharmacy, they should be disposed of per policy.

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

Yes  No Explain:

Any resident could choke/aspirate regardless of medications.

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

Yes  No Explain:

Constipation can be a side effect for any medication