



Medication Administration In-Service and Evaluation

Name of Facility/Home: Cascade Home

Employee Receiving In-Service: Taylor Vail

Date of 1st In-Service: 9/2/2021 Time: 1:00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 9/2/2021 Time: 1:00pm am / pm Trainer: Learning and Development

Date of 3rd In-Service: 9/16/2021 Time: 8:00 am / pm Trainer: Kelly Knutsch

Date of 4th In-Service: 9/17/2021 Time: 8:00 am / pm Trainer: Tasha Letter

Date of 5th In-Service: 9/22/2021 Time: 8:00 am / pm Trainer: Tasha Letter

Date of 6th In-Service: 9/23/2021 Time: 8:00 am / pm Trainer: Tasha Letter

Date of Final Evaluation: 9/24/2021 Time: 8:00 am / pm Trainer: Kelly Knutsch

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"/>							



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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	<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"/>	<input checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
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 checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NA	NA	NA	NA	NA	
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"/>							



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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	<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.

Taylor Veld
Employee Signature

9-24-21
Date

Kelly Krutts
Home Manager Signature

9-24-21
Date

Taylor Velli

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 1739

DMA Code #2 1994

DMA Code #3 2035

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSAGE RANGE	2 mg, 5mg, 10mg, 15mg, 20mg, 30mg
HOW TO TAKE	Orally
USES	Bipolar disorder
SIDE EFFECTS	Heart failure, dehydration, leukopenia or neutropenia
WARNINGS	if pregnant, elderly pts, Seizure rx, PKU (phenylalanine - contains form

DRUG NAME	Ativan
GENERIC NAME	lorazepam
DOSAGE RANGE	0.5mg, 1mg, 2mg; INJ: 2mg per mL, 4mg per ML
HOW TO TAKE	Orally Orally
USES	preoperative Sedation
SIDE EFFECTS	Antiepileptic agent, CNS depression, Hypotensive effects
WARNINGS	Pregnancy 3 rd trimester, no Alcohol use Seizure

DRUG NAME	Loratadine
GENERIC NAME	generic
DOSAGE RANGE	TAB: 10mg; ODT: 10mg; SOL: 1mg per mL
HOW TO TAKE	Orally
USES	allergy
SIDE EFFECTS	headache, abdominal pain, Seizures bronchospasm
WARNINGS	Hypersens to drug/class/compon, hepatic impairment

DRUG NAME	Lipitor
GENERIC NAME	atorvastatin
DOSAGE RANGE	TAB: 10mg, 20mg, 40mg, 80mg
HOW TO TAKE	Orally Orally
USES	hypercholesterolemia
SIDE EFFECTS	gastric pH sensitive, rhabdomyolysis
WARNINGS	pts \geq 5 yrs + older, Alcohol Abuse myopathy

DRUG NAME	Levemir
GENERIC NAME	Insulin detemir
DOSAGE RANGE	INJ (flex touch U-100 pen): 100 units per mL, 1
HOW TO TAKE	Orally
USES	diabetes mellitus type 1 and 2
SIDE EFFECTS	N/A
WARNINGS	N/A

DRUG NAME	Neurontin
GENERIC NAME	gabapentin
DOSAGE RANGE	CAP: 100mg, 300mg, 400mg; TAB: 600mg, 800mg; SOL: 50 mg per mL
HOW TO TAKE	Orally
USES	partial seizures
SIDE EFFECTS	CNS depression
WARNINGS	Avoid alcohol use Caution if drug abuse

DRUG NAME	miralax
GENERIC NAME	polyethylene glycol 3350
DOSAGE RANGE	1 cap full of pkt PO qd prn max: 1 cap full per day
HOW TO TAKE	Orally but be sure to follow directions
USES	Osmotic laxative for relieving constipation
SIDE EFFECTS	renal impairment
WARNINGS	Osmotic laxative, GI fluid/electrolyte loss

DRUG NAME	Zantac (360 Maximum Strength)
GENERIC NAME	Famotidine
DOSAGE RANGE	Dose: 1 tab PO qd-bid prn; Max 2 tabs / 24 HRS; Info: give 10-60 mins before meal
HOW TO TAKE	Orally
USES	heartburn / acid reflux
SIDE EFFECTS	N/A
WARNINGS	N/A

DRUG NAME	norco
GENERIC NAME	hydrocodone/acetaminophen
DOSAGE RANGE	TAB: 5mg/325mg, 7.5mg/325mg, 10mg/325mg
HOW TO TAKE	Orally
USES	Severe pain
SIDE EFFECTS	Coma or impaired consciousness Consciousness
WARNINGS	Caution if head injury, alcohol use

DRUG NAME	ibuprofen Motrin PM
GENERIC NAME	ibuprofen / diphenhydramine
DOSAGE RANGE	Dose: 1 tab PO qhs prn; max 2 tabs / 24 hrs
HOW TO TAKE	Orally
USES	get rid of headaches
SIDE EFFECTS	N/A
WARNINGS	N/A