

Annex 7  
DMA



**BEACON**  
Specialized Living

**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Comelyline Home

Employee Receiving In-Service: Stephanie Wilson

Date of 1st In-Service\*:    /   /    Time:    :    am / pm Trainer:      
\*This is done by a regional nurse

Date of 2nd In-Service:    /   /    Time:    :    am / pm Trainer:    

Date of 3rd In-Service:    /   /    Time:    :    am / pm Trainer:    

Date of 4th In-Service:    /   /    Time:    :    am / pm Trainer:    

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

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

Date of Final Evaluation: 9/27/2021 Time: 2:05 am (pm) Trainer: [Signature]

**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								



## 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							
	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							



### Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Home Manager 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 Epocrates link on staff computer								
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

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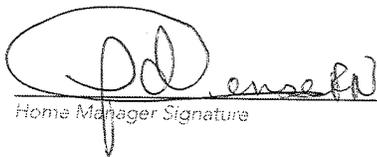


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I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open office hours and to the On-Call person after hours.

Employee Signature

Date

  
Home Manager Signature

Date

9-27-2021

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

Right voice      Right documentation  
Right person      Right medication  
Right time      Right dose

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

Yes     No    Explain:

Liquid medication is poured with the cup sitting  
on the counter. Staff should be pouring it at  
eye level

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

Yes     No    Explain:

Control Substance log is signed right after med  
is given

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

Yes     No    Explain:

DMA's can not crush a med without a doctor's  
order

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Controlled substances are 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:

Med room keys should be on the DMA  
med pass 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:

No you can never use another resident's  
medication even if it is the same

# ANNUAL DMA RECERTIFICATION TEST

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

Yes    No   Explain:

All orders should be on record for insulin

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:

Whenever a resident wakes up late you have to  
call the nurse to get permission to pass the meds

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 is equal to 15ml

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

You have to check the patient's blood sugar  
before giving insulin

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

Yes  No Explain:

yes, these medications should monitor and  
bring out the blood pressure

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

Yes  No Explain:

8:00 meds should be given at 8:00

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

Yes  No Explain:

Medications that have been popped should be  
destroyed by two staff

# ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes  No Explain:

NPO by mouth

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

Yes  No Explain:

Drugs that are controlled are destroyed. Dr  
must

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

Yes  No Explain:

Any resident after they take psychotropics or  
not can choke

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

Yes  No Explain:

Constipation can be a side effect that an  
resident takes psychotropic medication not