



## Medication Administration In-Service and Evaluation

Name of Facility/Home: BSLS Ossineke

Employee Receiving In-Service: Kaleb (Courtney) Aube

Date of 1st In-Service: 3 / 9 / 21 Time: 1 : 00 am / pm Trainer: Learning & Development

Date of 2nd In-Service: 3 / 9 / 21 Time: 5 : 00 am / pm Trainer: Learning & Development

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: 3 / 11 / 21 Time: 6 : 00 am /  pm Trainer: Morgan Scholz

**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"/>	<input checked="" type="checkbox"/>					
	a. Location of ample supplies prior to administration		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	b. Area is clean and organized		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	c. Area is always locked		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
2	DMA washes hands prior to administering medications and between each Resident		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
3	Medication keys are retained by DMA		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
4	Resident is identified per facility policy and procedure prior		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>					
	b. If Apical Pulse is required, privacy is provided		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>	<input 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"/>	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	h. Correct dose is administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>					
	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"/>	<input type="checkbox"/>					
	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"/>	<input type="checkbox"/>					
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
15	Residents' rights are observed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

### FOLLOW UP CONCERNS

Specify time frame for completion \_\_\_\_\_  N/A

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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.

Kaleb Duke  
Employee Signature

3/11/21  
Date

[Signature]  
Home Manager Signature

3/11/21  
Date

Kaleb's

## 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
<ul style="list-style-type: none"> <li>- Abilify</li> <li>✓ Ativan</li> <li>Clozaril</li> <li>✓ Depakote</li> <li>✓ Haldol</li> <li>Invega</li> <li>✓ Klonopin</li> <li>Lamictal</li> <li>✓ Lithium</li> <li>✓ Risperdal</li> <li>- Seroquel</li> <li>Tripleptal</li> <li>✓ Zyprexa</li> </ul>	<ul style="list-style-type: none"> <li>Advair Discus</li> <li>Atrovent</li> <li>Flonase</li> <li>Flovent</li> <li>Loratadine</li> <li>Proventil</li> </ul>	<ul style="list-style-type: none"> <li>Crestor</li> <li>Lipitor</li> <li>Zocor</li> </ul>	<ul style="list-style-type: none"> <li>Apidra</li> <li>Byetta</li> <li>Glucophage</li> <li>Glyburide</li> <li>Lantus</li> <li>Levemir</li> <li>Levothyroxine</li> <li>Novolog</li> <li>Synthroid</li> </ul>
<b>Seizures</b>	<b>Gastrointestinal Disorder Constipation</b>	<b>Blood Pressure Meds</b>	<b>Pain &amp; Inflammation</b>
<ul style="list-style-type: none"> <li>Dilantin</li> <li>✓ Keppra</li> <li>✓ Neurontin</li> <li>✓ Topamax</li> </ul>	<ul style="list-style-type: none"> <li>Colace</li> <li>Miralax</li> <li>Prilosec</li> <li>Protonix</li> <li>Zantac</li> </ul>	<ul style="list-style-type: none"> <li>HCTZ (hydrochlorothiazide)</li> <li>Lisinopril</li> <li>Toprol</li> <li>Tenormin</li> </ul>	<ul style="list-style-type: none"> <li>Flexeril</li> <li>Motrin</li> <li>Norco</li> <li>Tylenol with Codeine</li> <li>Ultram</li> </ul>

App/Website: Epocrates

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

DMA Code #1

2339

DMA Code #2

8746

DMA Code #3

7752

DRUG NAME	Ativan
GENERIC NAME	Lorazepam
DOSAGE RANGE	.5mg, 1mg, 2mg, Inj. 2mg per mL 4mg per mL
HOW TO TAKE	Tab or injection
USES	anxiety, insomnia, nausea/vomiting - chemo related, sedation
SIDE EFFECTS	Brief psychotic disorder, allergic reaction, hives, difficult breathing, Dizziness, <sup>weak or feeling</sup>
WARNINGS	severe drowsiness, change in mood/behavior, thoughts of suicide, sleep problems <sup>unsteady</sup>

DRUG NAME	Depakote
GENERIC NAME	divalproex sodium
DOSAGE RANGE	Dr Tab 125mg, 250mg 500mg
HOW TO TAKE	Pill form, capsule
USES	seizures, for epilepsy, migraines, manic episodes, related to bipolar
SIDE EFFECTS	<sup>Easy</sup> Bruising, Fever, swollen glands, mouth sores, severe drowsiness, headache, back pain <sup>disorder</sup>
WARNINGS	Pancreatitis, Fetal Risk, Liver failure

DRUG NAME	Haldol
GENERIC NAME	Haloperidol
DOSAGE RANGE	.5mg, 1mg, 2mg, 5mg, 10mg, 20mg
HOW TO TAKE	Oral/pill, injectable solution
USES	Treat schizophrenia, control motor and speech tics,
SIDE EFFECTS	Drowsiness, headaches, sleep problems, feeling restless/Anxious
WARNINGS	Heart failure, death, cataracts,

DRUG NAME	Klonopin
GENERIC NAME	Clonazepam
DOSAGE RANGE	Tab .5mg, 1mg, 2mg
HOW TO TAKE	Tablet - orally
USES	Seizure disorders, panic disorders (including agoraphobia)
SIDE EFFECTS	Nightmares, hallucinations, dizziness, feeling tired or depressed, memory <sup>problems</sup>
WARNINGS	sedation, Respiratory depression, death, coma

DRUG NAME	Risperdal
GENERIC NAME	Risperidone
DOSAGE RANGE	Tab - .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, Sol 1mg per mL
HOW TO TAKE	Tablet or Sol
USES	Treat schizophrenia in adults, <del>Treat</del> symptoms of bipolar disorder (manic <sup>depression</sup> )
SIDE EFFECTS	Fatigue, Insomnia, Nausea, Cough, Fever, Anxiety, Tremor,
WARNINGS	not for Dementia-related psychosis.

DRUG NAME	Seroquel
GENERIC NAME	Quetiapine
DOSAGE RANGE	Tab: 25mg, 50mg, 100mg, 200mg, 300mg, 400mg
HOW TO TAKE	Tablet - oral
USES	Bipolar disorder, Schizophrenia - 13 yrs and older, & major depressive disorder
SIDE EFFECTS	Speech problems, Increase appetite, weight gain, Dry mouth, problem moving
WARNINGS	Dementia-Related Psychosis, Suicidality

DRUG NAME	Zyprexa
GENERIC NAME	olanzapine
DOSAGE RANGE	Tab: 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg Inj: 5mg per mL
HOW TO TAKE	oral Tab, Injections.
USES	Bipolar disorder, Antiemetics 2 <sup>nd</sup> Gen. Antipsychotics, Schizophrenia
SIDE EFFECTS	weight gain, Appetite increase, Insomnia, Dizziness, Headache
WARNINGS	Not for dementia patients.

DRUG NAME	Topamax
GENERIC NAME	Topiramate
DOSAGE RANGE	Sprinkle cap: 15mg, 25mg, TAB: 25mg, 50mg, 100mg, 200mg
HOW TO TAKE	<del>PO</del> Oral Tablet
USES	Headaches/migraines, PTSD, Seizure disorder, Parasomnias
SIDE EFFECTS	drowsiness / dizziness
WARNINGS	May cause vision problems, birth defect, <del>drowsiness, &amp; dizziness</del> should be taken with plenty of water

DRUG NAME	Neurontin
GENERIC NAME	Gabapentin
DOSAGE RANGE	Capsule: 100mg, 300mg, 400mg. Tab: 600mg, 800mg, SOL: 50mg per mL
HOW TO TAKE	Oral Tablet, oral cap. Nerve pain, Anxiety
USES	Seizure disorders, Neuropathy/Neuralgia, alcohol dependence
SIDE EFFECTS	Dizziness, fatigue, Headache, weight gain, Amnesia, Depression,
WARNINGS	Suicidal Thoughts/behaviors, changes in mood

DRUG NAME	Invega
GENERIC NAME	Paliperidone
DOSAGE RANGE	ER Tab: 1.5mg, 3mg, 6mg, 9mg
HOW TO TAKE	Tab, Inj
USES	Antipsychotics, 2 <sup>nd</sup> generation, Schizophrenia, Schizoaffective
SIDE EFFECTS	Drowsiness, Anxiety, muscle stiffness, tremors, shaking, fast heart rate
WARNINGS	Not for dementia patients (older people)