BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: _Bridge_

Employee Receiving In-Service: _Kimberly Scott_

Date of 1st In-Service: 10 /07 /21 Time: 1 :00p am / pm Trainer: Learning and Development

Date of 2nd In-Service: 10 / 11 / 21 Time: 8 :00 (am)/ pm Trainer: _Vanessa Berry_

Date of 3rd In-Service: 10 /12 /21 Time: 8 :00 (am)/ pm Trainer: _Vanessa Berry_

Date of 4th In-Service: 10 /12 /21 Time: 2 :00 am /(pm) Trainer: _Vanessa Berry_

Date of 5th In-Service: 10 /13 /21 Time: 8 :00 (am)/ pm Trainer: _Monique Johnson_

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

Date of Final Evaluation: 10 /15 /21 Time: 8 :00 (am)/ pm Trainer: _Aubrey Napier_

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	✔	✓	✓	✓	✓		✓	

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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	✔	✔	✔	✔			✔	

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19	Medication errors are reported to Site Supervisor 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 Guide to Drugs Book	✔	✔	✔	✔	✔		✔	
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

_____

_____

_____

_____

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.

Kimberly Scott
Employee Signature

Date   10/15/21

Aubrey Wapin
Home Manager Signature

Date   10/15/2021

ANNUAL DMA RECERTIFICATION TEST

Kim
Scott

1. List the six patient rights:

   person   _route_

   dose.   _medication_

   time   _document._

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

   ☐ Yes   ☒ No   Explain:

   placed on flat serface to stay level at all times.

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

   ☒ Yes   ☐ No   Explain:

   and when med is passed, (a controlled log)

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

   ☐ Yes   ☒ No   Explain:

   Only if it written on bubble pack, on lable on script. per doctors orders

ANNUAL DMA RECERTIFICATION TEST

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

☒ Yes ☒ No (circled) Explain: Double.

Controlled is in locked cabnet, seperate from other medicatians

Controlled disposal is 3 locks.

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

☐ Yes ☒ No Explain:

Med errors are reported in IR. If given to wronge person, poison control is called. IR. written, Documentation ER. if directed by Poison controll

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

☐ Yes ☒ No Explain:

They are to be kept on DMA Person. through out shift till shift change.

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 residents medication should be given to anyone. for any reason.

ANNUAL DMA RECERTIFICATION TEST

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

☐ Yes   ☑ No   Explain:

Theres a scale. Provided by doctors office.

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

☑ Yes   ☐ No   Explain:

yes also ~~Hydroctizid~~ Hydrochortizied. it.

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

☑ Yes   ☐ No   Explain:

9pm^(am) at latest, 7pm /Am! ^(pm) only one hour befor upto hour after.

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

☐ Yes   ☑ No   Explain:

No. You could put them in baggie labled and use for that time med pass. But also needs to be documented. As a refusal. And put in a note PCP/CL and cares

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

☐ Yes   ☑ No   Explain:

All medications given to resident has to be recorded. (documented)

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:

Only If it is approved by nurse. Call on call first. Then record on paper mars. With note on back. Date time med. and. If was approved

15. OTC means other than called for?

☐ Yes   ☐ No   Explain:

Non Prescribtion medication. Cough med. drops Pain reliever, cold medicatin. But still must be in mars. to be given to residents

16. One Tablespoon is equal to 30ml?

~~☑ Yes~~ (☐ No)   Explain:

Yes 30ml equals 2 table spoon. 30ml is 2. tbs

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

☐ Yes ☑ No Explain:

nothing by mouth

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

☐ Yes ☑ No Explain:

disposed of by pharmacy, documented
or be disposed of by Staff with second
Staff witnessed document. Put into control
disposal box black.

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

☐ Yes ☑ No Explain:

No, Depends on the Person and disabilities.
Choking can happen when disabilities inhibit
them from Swallowing, along with position
of sitting, and foods, textures.

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

☑ Yes ☑ No Explain:

Can be side effects. But doctor may
prescribe a med to help with constipation.
(Colace)