



BEACON
Specialized Living

Certificate of Completion
IS HEREBY GRANTED TO

Lee-Ellen Bailey

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA Virtual training and in-services

TYPE OF TRAINING

9/4/21

COMPLETION DATE

Nicholas Evans DMA III

TRAINER SIGNATURE



Medication Administration In-Service and Evaluation

Name of Facility/Home: Sand Point / Saunders

Employee Receiving In-Service: Lee-ellen Bailey

Date of 1st In-Service: 6 / 24 / 21 Time: 1 : 00 pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 6 / 24 / 21 Time: 4 : 00 pm am / pm Trainer: Learning and Development

Date of 3rd In-Service: 8 / 9 / 21 Time: 5 : 00 am / pm Trainer: Mark Steen

Date of 4th In-Service: 8 / 18 / 21 Time: 8 : 00 am / pm Trainer: Mark Steen

Date of 5th In-Service: 9 / 1 / 21 Time: 8 : 00 am / pm Trainer: Mark Steen

Date of 6th In-Service: 9 / 2 / 21 Time: 8 : 00 am / pm Trainer: Mark Steen

Date of Final Evaluation: 9 / 3 / 21 Time: 8 : 00 am pm Trainer: Mark Steen

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 | | | | | | | <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"/> | |
| | a. Resident is properly positioned, at a 45° sitting angle | | | | | | | <input checked="" type="checkbox"/> | |
| | b. Tube is checked for placement and patency | | | | | | | <input checked="" type="checkbox"/> | |
| | c. Tube is flushed before, between and after medications are administered | | | | | | | <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"/> | |
| | a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping | | | | | | | <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"/> | |
| 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"/> | |



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"/> | |
| 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.

Rueelly Bailey
Employee Signature

9/4/2021
Date

Nicholas Evans DMA TTI
Home Manager Signature

9/4/21
Date

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 turned in the day that you do your final DMA Evaluation with your ROM (Regional Operator) for your area. You will not be able to become DMA certified until all of the forms are completed. See slide 65 in DMA Packette

| Mental Illness Anxiety Disorders | Inhalers Allergy / Asthma | Hyperlipidemia Statins | Endocri |
|--|--|--|--|
| <ul style="list-style-type: none"> ✓ Abilify Ativan ✓ Clozaril Depakote Haldol Invega ✓ Klonopin Lamictal Lithium Risperdal Seroquel Tripleptal Zyprexa | <ul style="list-style-type: none"> Advair Discus Atrovent Flonase ✓ Flovent Loratadine Proventil | <ul style="list-style-type: none"> Crestor Lipitor ✓ Zocor | <ul style="list-style-type: none"> Apidra Byetta Glucoph Glyburid Lantus Levemir Levothyri Novolog Synthroi |
| | | | |
| Seizures | Gastrointestinal Disorder Constipation | Blood Pressure Meds | Pain & |
| <ul style="list-style-type: none"> ✓ Dilantin Keppra Neurontin Topamax | <ul style="list-style-type: none"> Colace ✓ Miralax Prilosec Protonix Zantac | <ul style="list-style-type: none"> HCTZ (hydorchlorothiazide) ✓ Lisinopril Toprol Tenormin | <ul style="list-style-type: none"> ✓ Flexeril Motrin Norco Tylenol ✓ Ultram |

| | |
|--------------|--|
| DRUG NAME | Habilify |
| GENERIC NAME | Aripiprazole |
| DOSAGE RANGE | 10-15 mg/day once a day |
| HOW TO TAKE | By mouth once a day w/ or w/o food as di |
| USES | used to treat symptoms of psychotic conditions such and bipolar I disorder |
| SIDE EFFECTS | nausea, vomiting, constipation, headache, dizziness anxiety, insomnia, restlessness |
| WARNINGS | Increased mortality in elderly patients w/ dir psychosis & suicidal thoughts & behaviors w/ Antis |

| | |
|--------------|--|
| DRUG NAME | Klonopin |
| GENERIC NAME | Clonazepam |
| DOSAGE RANGE | 0.5 to 1 mg every 3 days for seizure. 0.25-1 |
| HOW TO TAKE | Oral use |
| USES | Prevent & control seizures + treat panic attacks |
| SIDE EFFECTS | profound sedation, respiratory depression, coma &c |
| WARNINGS | Call Dr if you have new or worsening symptoms unusual changes in behavior, or thoughts of |

| | |
|--------------|---|
| DRUG NAME | Flexeril |
| GENERIC NAME | Cyclobenzaprine |
| DOSAGE RANGE | 5 mg 3 times per day up to 10mg |
| HOW TO TAKE | Orally |
| USES | used to treat symptoms of muscle spasms |
| SIDE EFFECTS | abdominal pain, acid regurgitation, constipation, nausea, irritability, mental activity decreased, nervous |
| WARNINGS | Arrhythmias, sinus tachycardia, myocardia stroke. |

| | |
|--------------|---|
| DRUG NAME | Clozaril |
| GENERIC NAME | Clozapine |
| DOSAGE RANGE | 12.5 mg once or twice daily up to max of |
| HOW TO TAKE | oral administration |
| USES | Treat schizophrenia |
| SIDE EFFECTS | weight gain, tremor, dizziness, spinning se headache, drowsiness, nausea, constipation |
| WARNINGS | Severe Neutropenia |

| | |
|--------------|---|
| DRUG NAME | Lipitor |
| GENERIC NAME | Atorvastatin Calcium |
| DOSAGE RANGE | 10-20 mg. Once daily to 80mg |
| HOW TO TAKE | at the same time w/ food everyday 0 by mouth |
| USES | Lower blood levels of "bad" cholesterol & increase levels of "good" cholesterol |
| SIDE EFFECTS | Pain or burning when urinate, upper stomach weakness - feeling tired loss of appetite |
| WARNINGS | myopathy & Rhabdomyolysis w/ or w/o acute Rare fatal |

| | |
|--------------|---|
| DRUG NAME | Novolog |
| GENERIC NAME | Insulin Aspart |
| DOSAGE RANGE | Sliding Scale |
| HOW TO TAKE | injection 10 min. before a meal |
| USES | Control high blood sugars |
| SIDE EFFECTS | Dizziness, Blurred vision, anxiety, irritability, S |
| WARNINGS | Never Share between patients |

| | |
|--------------|--|
| DRUG NAME | Miralax |
| GENERIC NAME | Polyethylene glycol |
| DOSAGE RANGE | 17 g w/ 4-8 oz liquid - Dissolve |
| HOW TO TAKE | Drink dissolved in liquid |
| USES | Used to treat symptoms of constipation or b |
| SIDE EFFECTS | Bloating, gas, upset stomach, dizziness |
| WARNINGS | Do not use if you are allergic to polyethyl or have kidney disease |

| | |
|--------------|-------------------------------------|
| DRUG NAME | Zestoretic |
| GENERIC NAME | Lisinopril |
| DOSAGE RANGE | 10 mg / 12.5 mg - 20mg / 12.5 mg |
| HOW TO TAKE | Orally |
| USES | Treat high Blood Pressure |
| SIDE EFFECTS | Dizziness, cough, headache High Pot |
| WARNINGS | Discontinue if pregnant |

| | |
|-----------|--|
| DRUG NAME | |
|-----------|--|