

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 (hydrochlorothiazide) 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 ? laptop died

DMA Code #2 5505

DMA Code #3 6690

allergic reaction, agitation, restless,
twitching uncontrollable movements, seizures

DRUG NAME	Abilify
GENERIC NAME	aripiprazole
DOSAGE RANGE	2mg - 30mg
HOW TO TAKE	tablet - by mouth
USES	antipsychotic antipsychotic, depressive disorder, tics
SIDE EFFECTS	headache, weight gain, anxiety, insomnia
WARNINGS	not approved for Dementia Related psychosis/ suicidality

DRUG NAME	Halodol
GENERIC NAME	haloperidol
DOSAGE RANGE	doesn't say / just says it was discontinued
HOW TO TAKE	orally, also comes in liquid (syringe)
USES	to treat schizophrenia, control motor/speech tics
SIDE EFFECTS	allergic reaction, movement disorder, mood
WARNINGS	brand discontinued in US change

DRUG NAME	Flonase
GENERIC NAME	fluticasone propionate nasal
DOSAGE RANGE	adult - 2 activations in each nostril
HOW TO TAKE	nasal spray in each nostril
USES	corticosteroid corticosteroid used for relieving allergies
SIDE EFFECTS	headache, <u>URI</u> , nasal burning / rhinitis
WARNINGS	can cause glaucoma / cataracts irritation w/ long term use

DRUG NAME	Norco
GENERIC NAME	hydrocodone, acetaminophen
DOSAGE RANGE	5mg/325mg, 7.5mg/325mg, 10mg/325mg
HOW TO TAKE	tablet - by mouth
USES	to relieve moderate to severe pain
SIDE EFFECTS	allergic reaction, slow/stop breathing, light headed
WARNINGS	addiction, med error, respiratory depression

DRUG NAME	Miralax
GENERIC NAME	polyethylene glycol polyethylene glycol
DOSAGE RANGE	1 capful
HOW TO TAKE	oral powder / dissolve in water
USES	osmotic laxative for relieving constipation
SIDE EFFECTS	electrolyte disorder, laxative dependance
WARNINGS	N/A

DRUG NAME	Keppra
GENERIC NAME	levetiracetam
DOSAGE RANGE	250mg 500mg 700mg 1000mg
HOW TO TAKE	tablet - by mouth
USES	to treat seizures and epilepsy
SIDE EFFECTS	changes in mood/behavior, confusion, hallucinations
WARNINGS	suicidal thoughts, very weak/tired

DRUG NAME	Colace
GENERIC NAME	docusate sodium
DOSAGE RANGE	50-300mg/day PO divided qd-bid prn
HOW TO TAKE	oral capsule
USES	emollient laxative for softening stool
SIDE EFFECTS	diarrhea, abdominal cramps, rash, throat irritation
WARNINGS	N/A

DRUG NAME	Loratadine (Alavert)
GENERIC NAME	Loratadine
DOSAGE RANGE	1 tablet PO qd
HOW TO TAKE	tablet - by mouth
USES	antihistamine for allergic rhinitis, itchy watery eyes
SIDE EFFECTS	drowsiness, fatigue, headache, throat
WARNINGS	caution advised when on multiple medications

DRUG NAME	Toprol
GENERIC NAME	metoprolol succinate
DOSAGE RANGE	25mg, 50mg, 100mg 200mg
HOW TO TAKE	tablet - by mouth may spit bad but DO NOT
USES	angina angina (chest pain) hypertension crush
SIDE EFFECTS	slow heart beat, light (high blood pressure) headed
WARNINGS	do not use if you have a serious heart problem chew

DRUG NAME	Seroquel
GENERIC NAME	quetiapine
DOSAGE RANGE	25mg 50mg 100mg 200mg 300mg 400mg
HOW TO TAKE	tablet - by mouth
USES	to treat schizophrenia, bipolar disorder, anti-depressant
SIDE EFFECTS	uncontrolled muscle movements, trouble swallow
WARNINGS	suicidal thoughts, not approved

for older adults w/ dementia.

trouble talking
light headed
constipation.



Medication Administration In-Service and Evaluation

Name of Facility/Home: Nunica

Employee Receiving In-Service: Skylar Parsons

Date of 1st In-Service: 8 / 12 / 2021 Time: 1 : 00 pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 8 / 12 / 2021 Time: 1 : 00 pm am / pm Trainer: Learning and Development

Date of 3rd In-Service: 8 / 16 / 2021 Time: 8 : 00 am / pm Trainer: J. Griswold

Date of 4th In-Service: 8 / 16 / 2021 Time: 4 : 00 am / pm Trainers: J. Griswold

Date of 5th In-Service: 8 / 16 / 2021 Time: 7 : 00 am / pm Trainers: J. Griswold

Date of 6th In-Service: 8 / 17 / 2021 Time: 8 : 00 am pm Trainer: J. Griswold

Date of Final Evaluation: 8 / 18 / 2021 Time: 8 : 00 am / pm Trainer: FR. HICK

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"/>							



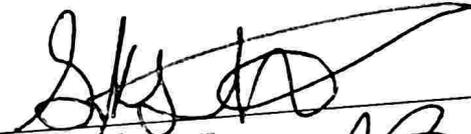
Medication Administration In-Service and Evaluation

	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"/>							

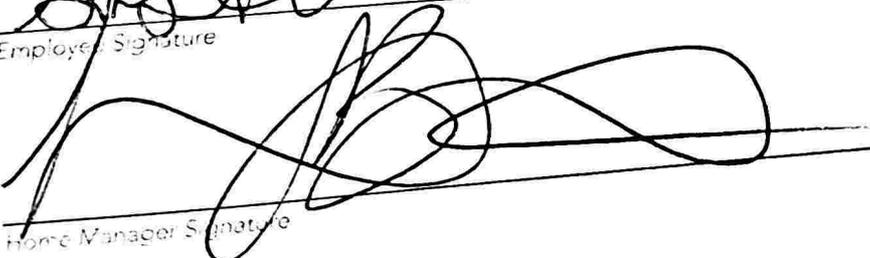
FOLLOW UP CONCERNS

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.


Employee Signature

Date


Home Manager Signature

8-18-2021

Date