



Medication Administration In-Service and Evaluation

Name of Facility/Home: Hartford

Employee Receiving In-Service: Thomas Mason

Date of 1st In-Service*: 2 / 3 / 21 Time: 1 : 00 am / pm Trainer: Training Dept
*This is done by a regional nurse

Date of 2nd In-Service: 2 / 3 / 21 Time: 3 : 00 am / pm Trainer: Training Dept

Date of 3rd In-Service: 4 / 26 / 21 Time: 7 : 15 (am) / pm Trainer: Victoria Brown

Date of 4th In-Service: 4 / 26 / 21 Time: 8 : 30 am / (pm) Trainer: Victoria Brown

Date of 5th In-Service: 4 / 27 / 21 Time: 8 : 00 (am) ~~(pm)~~ Trainer: Victoria Brown

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

Date of Final Evaluation: 4 / 27 / 21 Time: 8 : 00 am / (pm) Trainer: Victoria Brown

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	✓	✓	✓	✓	✓		✓	Good



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)							
	✓	✓	✓	✓	✓		✓	Discussed
	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

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

4-27-21

 Date



 Home Manager Signature

4-27-21

 Date

Thomas Mason

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

right Meds.

right time & rate

right Resident

right Dosage

right route

right Documentation

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

Yes

No

Explain:

The cup has to be sitting on a hard flat
surface/ eye level

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

Yes

No

Explain:

Signed after they are counted, shift change,
Any time keys change hands, when passing

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

Yes

No

Explain:

IF That is done, it must ^{be written} ~~say so~~ on Meds:
ordered by doctor

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

must be ~~single~~ double locked

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

Yes No Explain:

everything must be documented and reported

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

Yes No Explain:

Med keys stay on the ~~DMA~~ DMA

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:

wait for more after calling nurse, never use another clients meds

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

It could be to high or to low. Always check
levels, call nurse per policy

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

Yes No Explain:

Blood pressure should be monitored irregardless of
meds., but these are blood pressure meds.

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

Yes No Explain:
during the 8:00 AM hour

1 hour before ^ 1 hour after 7-9

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

Yes No Explain:

Must be disposed and written and reported

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

~~orders~~ have everything needs to be recorded
must have record for everything

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:

you must call the on-call nurse and report it
and get permission to pass

15. OTC means other than called for?

Yes No Explain:

over The Counter

16. One Tablespoon is equal to 30ml?

Yes No Explain:

1 TBS = 15 ML

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:

They are put in lock box for the nurse to pick them up & dispose

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

Yes

No

Explain:

That is why it's best to watch them while they are eating because this is common

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

Yes

No

Explain:

everyone has different side effects to different meds. constipation is common