



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge

Employee Receiving In-Service: Denise Hayward

Date of 1st In-Service: 10 / 28 / 21 Time: 1 : 00p am / pm Trainer: Learning and Development

Date of 2nd In-Service: 11 / 3 / 21 Time: 8 : 00am am / pm Trainer: Vanessa Berry

Date of 3rd In-Service: 11 / 3 / 21 Time: 8 : 00 am / pm Trainer: Victoria Flynn

Date of 4th In-Service: 11 / 5 / 21 Time: 8 : 00 am / pm Trainer: Kim Sutt

Date of 5th In-Service: 11 / 15 / 21 Time: 8 : 00 am / pm Trainer: Kim Sutt

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

Date of Final Evaluation: / / Time: : am / pm Trainer:

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"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	h. Correct dose is administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input 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 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 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 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 type="checkbox"/>	<input type="checkbox"/>					
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
15	Residents' rights are observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>					
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>					
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

Denise Hayward
Employee Signature

11/15/21
Date

Russ Sault
Home Manager Signature

11-
Date

Denise Haywood

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 Epidor Zocor	Apidra Byetta Glucophage Glyburide Lantus Levemir Levothyroxine Novolog Synthroid
Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
Dilantin Keppra Neurontin Topamax	Colact Miralax Prilosec Protonix Zantac	HCTZ (hydrochlorothiazide) Lisinopril Toprol XL 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 0801

DMA Code #2 1903

DMA Code #3 2708

DRUG NAME	Abilify	Denise Henrywood
GENERIC NAME	Aripiprazole	
DOSAGE RANGE	2mg, 5mg, 10mg, 15mg, 20mg, 30mg	
HOW TO TAKE	tablet by mouth, liquid by mouth.	
USES	Schizophrenia, bipolar disorder	
SIDE EFFECTS	agitation, restless, twitching, stiff muscles, low blood cell	
WARNINGS	Dementia-Related psychosis	

DRUG NAME	Flonase Allergy Relief
GENERIC NAME	Fluticasone propionate nasal
DOSAGE RANGE	4-11 yo 1 actuation/nostril, 12yo+ 1-2 actuation/nostril
HOW TO TAKE	activation in nostril.
USES	relieves allergic rhinitis symptoms.

Monday 15th Jan
Hammon House

Jamara
269-377-1059

SIDE EFFECTS	burning, Nausea, Cough, Dizziness, Abdominal Pain.
WARNINGS	steroid, avoid if hepatic impairment, glaucoma, TB infection
DRUG NAME	
GENERIC NAME	
DOSAGE RANGE	80mg
HOW TO TAKE	with water
USES	steroid
SIDE EFFECTS	algia, diarrhea, extremity pain, dyspepsia, nausea, insomnia.
WARNINGS	alcohol, active hepatic dz, hypersensitivity to drug class/comp

DRUG NAME	Byetta
GENERIC NAME	exenatide
DOSAGE RANGE	INJ (pen) 5mcg, 10mcg /injection
HOW TO TAKE	inject under skin in arm or belly.
USES	anti diabetes - treats type 2.
SIDE EFFECTS	nausea, vomiting, diarrhea, hypoglycemia, constipation, headache, pancreatitis.
WARNINGS	Do not use if severe kidney disease or on dialysis

DRUG NAME	Topamax
GENERIC NAME	topiramate
DOSAGE RANGE	sprinkle cap, 15mg, 5mg / Tab 25mg, 50mg, 100mg, 200mg
HOW TO TAKE	capsule or tab by mouth.
USES	treat seizures 2yo+ & migraine/headaches in teens & adults.
SIDE EFFECTS	tremor, anxiety, asthma, fever, taste change.
WARNINGS	vision problems, increase risk of birth defect cleft lip, increase body temp

Denise Haxwell

DRUG NAME	Colace
GENERIC NAME	docusate sodium
DOSAGE RANGE	50mg, 100mg capsules, 2-11 ^{yo} 30-150 per day, 12 ^{yr} 50-300mg/day
HOW TO TAKE	capsule by mouth w/ water
USES	emollient laxative, softens stool
SIDE EFFECTS	diarrhea, abdominal cramps, throat irritation, rash ^{bitter taste}
WARNINGS	side effects ↑ electrolyte disease

DRUG NAME	Toprol XL
GENERIC NAME	metoprolol succinate
DOSAGE RANGE	tab 25mg, 50mg, 100mg, 200mg
HOW TO TAKE	tab by mouth w/ water
USES	heart failure, chest pain, high blood pressure
SIDE EFFECTS	dizziness, depression, tiredness, nausea, dry mouth, stomach pain, vomit
WARNINGS	avoid abrupt cessation

DRUG NAME	Ultram
GENERIC NAME	tramadol
DOSAGE RANGE	50mg - 100mg
HOW TO TAKE	tab by mouth / water
USES	moderate severe pain
SIDE EFFECTS	dizziness, blood in urine, blotting
WARNINGS	change walk, mg, balance

DRUG NAME	lamicta 1
GENERIC NAME	lamotrigine
DOSAGE RANGE	tab 25, 100, 150, 200 mg ^{tab 25, 100, 150, 200 mg} ^{or 50, 100, 200 mg} ^{chewable 2.5, 7.5 mg}
HOW TO TAKE	chew-chewable, take tab by mouth w/ water
USES	partial seizure, Lennox-Gastaut syndrome
SIDE EFFECTS	vertigo, nausea, headache, blurred vision, sunburn, fever, pain, tremor
WARNINGS	serious rash

DRUG NAME	Ativan
GENERIC NAME	lorazepam
DOSAGE RANGE	Tab. 0.5, 1, mg. Inj 2mg per ml, 4mg per ml
HOW TO TAKE	Tab by mouth w/ water, injected under skin
USES	seizure disorder, epilepsy
SIDE EFFECTS	drowsiness, dizziness, dry mouth, nausea, constipation, heart burn
WARNINGS	Concomitant opioid use, Addiction, Abuse, Dependence, withdrawal

ANNUAL DMA RECERTIFICATION TEST

1. List the six patient rights:

<u>Person</u>	<u>Documentation</u>
<u>Time</u>	<u>Dose</u>
<u>Route</u>	<u>medication</u>

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

Yes No Explain:

Should be poured on a flat surface.

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

Yes No Explain:

After med has been passed and end of each shift

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

Yes No Explain:

Only if directed by a doctor to crush

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Always follow instructions by doctor.

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

Yes No Explain:

These are medications for blood pressure

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

Yes No Explain:

1 hour before, 1 hour after.

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

Yes No Explain:

put in zip bag, label to be used for next day.
Record it as refused on EMAR if resident
changes their mind contact on call nurse for
approval.

ANNUAL DMA RECERTIFICATION TEST

17. NPO means para oral?

Yes No Explain:

By mouth

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

Yes No Explain:

Disposed of

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

Yes No Explain:

No, some residents have issues eating,
Encourage slow, small bites

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

Yes No Explain:

It is & can be a side effect.
mild + severe-