



Certificate of Completion
IS HEREBY GRANTED TO

Zandria Kell

NAME

TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

Annual DMA Virtual training and in-service

TYPE OF TRAINING

10/29/21

COMPLETION DATE

Rebecca Kell

TRAINER SIGNATURE

Medication Administration In-Service and Evaluation

Name of Facility/Home: Sand / Saunders Point Lodge

Employee Receiving In-Service: Zandia Kell

Date of 1st In-Service:	10 / 07 / 21	Time:	1 : 00	am / pm	Trainer:	Learning and Development
Date of 2nd In-Service:	10 / 07 / 21	Time:	5 : 00	am / pm	Trainer:	Learning and Development
Date of 3rd In-Service:	10 / 14 / 21	Time:	7 : 00	am / pm	Trainer:	Tammie Smith
Date of 4th In-Service:	10 / 23 / 21	Time:	7 : 00	am / pm	Trainer:	Tammie Smith
Date of 5th In-Service:	10 / 24 / 21	Time:	7 : 00	am / pm	Trainer:	Tammie Smith
Date of 6th In-Service:	10 / 28 / 21	Time:	7 : 00	am / pm	Trainer:	Rebecca Kell
Date of Final Evaluation:	10 / 29 / 21	Time:	7 : 00	am / pm	Trainer:	Rebecca Kell

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

Medication Area	In-Service #						Comments
	1st	2nd	3rd	4th	5th	6th	
1	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓
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	✓	✓	✓	✓	✓	✓	✓
5	✓	✓	✓	✓	✓	✓	✓
Medications Administration per facility policy and procedure: to include review of the '6 Rights'	✓	✓	✓	✓	✓	✓	✓
6	✓	✓	✓	✓	✓	✓	✓
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	<input checked="" type="checkbox"/>							
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Home Manager Signature

Roberta Kee

Date

10/29/21

Employee Signature

Janet Kee

Date

10/29/21

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.

Specify time frame for completion: N/A

FOLLOW UP CONCERNS

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval	Comments
19	<input checked="" type="checkbox"/>	Medication errors are reported to Site Supervisor and RN teaching medication classes						
20	<input checked="" type="checkbox"/>	Medication area is cleaned and locked after completion of medication administration						
21	<input checked="" type="checkbox"/>	Designated Medication Administrator can identify action and common side effects of medications administered						
22	<input checked="" type="checkbox"/>	Approved Abbreviations List is reviewed						
23	<input checked="" type="checkbox"/>	Seizure precautions and documentation						
24	<input checked="" type="checkbox"/>	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book						
25	<input checked="" type="checkbox"/>	2nd Staff Verification, what it is, when it is needed, and how to document it						
26	<input checked="" type="checkbox"/>	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)						

Medication Administration In-Service and Evaluation



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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

<p>Diabetes Apidra Byetta Glucophage Glyburide Lantus Levemir Levothyroxine Novolog Synthroid</p>	<p>Hyperlipidemia Statins Crestor Lipitor Zocor</p>	<p>Inhalers Advair Discus Arovent Flovent Flovent Loratadine Proventil</p>	<p>Mental Illness Ability Aivan Clozartil Depakore Haldol Invega Klonopin Lamictal Lithium Risperdal Seroquel Tipleptal Zyprexa</p>
<p>Endocrine & Metabolic</p>	<p>Blood Pressure Meds</p>	<p>Gastrointestinal Disorder</p>	<p>Seizures</p>
<p>Pain & Inflammation</p>	<p>HCTZ (hydrochlorothiazide) Lisinopril Toprol Tenormin</p>	<p>Colace Miralax Prllosec Protomix Zantac</p>	<p>Dilantin Keppra Neurontin Topamax</p>

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DRUG NAME	Toprol
GENERIC NAME	metoprolol succinate
DOSE RANGE	25mg, 50mg, 100mg, 200mg
HOW TO TAKE	by mouth
USES	blood pressure
SIDE EFFECTS	CHF, bradycardia, heart block, hepatitis
WARNINGS	no black box warnings

DRUG NAME	Colace
GENERIC NAME	docusate sodium
DOSE RANGE	50-150 mg/day
HOW TO TAKE	by mouth
USES	gas, constipation, Disorder
SIDE EFFECTS	diarrhea, rash, abdominal cramps, bitter taste
WARNINGS	no black box warnings

DRUG NAME	Neurontin
GENERIC NAME	gabapentin
DOSE RANGE	CR: 100-800mg SOL 50mg per ml
HOW TO TAKE	by mouth
USES	seizures
SIDE EFFECTS	angioedema, depression, suicidal thoughts, multi-forme
WARNINGS	no black box warnings

DRUG NAME	Novolog
GENERIC NAME	insulin aspart
DOSE RANGE	1/3 (U-100 cartridge, pen, or vial): 100 units/ml
HOW TO TAKE	injection
USES	diabetes
SIDE EFFECTS	hypokalemia, hypoglycemia, myalgia
WARNINGS	no black box warnings

DRUG NAME	Levothyroxine
GENERIC NAME	Synthroid
DOSE RANGE	25mg-300mg
HOW TO TAKE	by mouth
USES	Thyroid
SIDE EFFECTS	arrhythmia, angina, CHF, HTN, tremor
WARNINGS	not for obesity/weight loss

DRUG NAME	Lantus
GENERIC NAME	insulin glargine
DOSE RANGE	1U (SoloStar U100 pen): 100 units per mL
HOW TO TAKE	injection
USES	diabetes mellitus, type 1 or 2
SIDE EFFECTS	hypoglycemia, anaphylaxis, rash, myalgia
WARNINGS	No black box warnings

DRUG NAME	Zocor
GENERIC NAME	simvastatin
DOSE RANGE	5mg, 10mg, 20mg, 40mg, 80mg
HOW TO TAKE	by mouth
USES	hyperlipidemia, statins
SIDE EFFECTS	myopathy, tendon rupture, pancreatitis
WARNINGS	No black box warnings

DRUG NAME	Flonase Allergy Relief
GENERIC NAME	fluticasone propionate nasal
DOSE RANGE	1-4 actuations in each nostril bid
HOW TO TAKE	Nasal spray
USES	relieving allergic rhinitis symptoms
SIDE EFFECTS	hypersensitivity rxn, anaphylaxis, glaucoma
WARNINGS	No black box warnings

DRUG NAME	Clonazepam
GENERIC NAME	clonazepam
DOSE RANGE	25mg, 100mg
HOW TO TAKE	by mouth
USES	Anti-psychotics, 2nd generation
SIDE EFFECTS	agranulocytosis, neutropenia, seizures
WARNINGS	Severe Neutropenia, seizures, Dementia-Related bycos

DRUG NAME	Abilify
GENERIC NAME	aripiprazole
DOSE RANGE	2mg, 5mg, 10mg, 15mg, 20mg, 30mg
HOW TO TAKE	by mouth
USES	Anti-psychotics, 2nd generation, Bipolar disorder
SIDE EFFECTS	hypersensitivity, anaphylaxis, stroke, seizures
WARNINGS	Dementia-Related psychosis