



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home:

Lindero

Employee receiving In-Service:

Carmela Johnson

Date of 1st In-Service: ___ / ___ / ___ Time: ~~4:00~~ am/pm L&D:

Date of 2nd In-Service: ___ / ___ / ___ Time: ___:___ am / pm Medical:

Date of 3rd In-Service: ___ / ___ / ___ Time: 11:00 am pm DMA TTT:

Date of 4th In-Service: ___ / ___ / ___ Time: ___:___ am / pm DMA TTT: _____

Date of 5th In-Service: ___ / ___ / ___ Time: ___:___ am / pm DMA TTT: _____

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

Date of Final Evaluation: 11/13/21 Time: 11:00 am/pm DMA TTT: Michele Hitsman

All staff must complete DMA class, Medical class, Homework and DMA Test in LMS along with In-Services and Final Evaluation for certification.

Code #1 _____ Code #2 _____ Code #3 _____

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1. MEDICATION AREA-								
a. Location of ample supplies before administration.		✓	X				X	
b. Report medication that is 10 days or less. Check expiration dates on all medication (special attention to epi-pen, prn medication not commonly used). If a medication is not available contact management and medical to obtain medication or further direction. This			X				X	



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22	The medication area is cleaned and locked after the completion of medication administration. All medication is double locked.							X	
23	DMA can identify the action and common side effects of medications administered. Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.							X	
24	Approved Abbreviations List is reviewed							X	
25	Seizure precautions and documentation. Follow Beacon's policy unless someone has their medical protocol prescription.							X	
26	After-hour procedures and protocol for found/spilled medication. Location of Epocrates link on staff computer. All medication disposed of must have second staff verification and a complete disposal log. Controlled substances are disposed of in the Dead drug box, all other medication is disposed of in the Rx destroyer jug.							X	
27	2nd Staff Verification, what it is, when it is needed, and how to document it. (Med disposal, Insulin verification, Med reconciliation, controlled substance count)							X	
28	Refusal of Medication procedures (prompt 3 times, then complete IR/ER as applicable) If medication has been popped, store in a sealed baggie labeled with their initial, time, and date in their medication folder. If medication is not administered per approval as applicable dispose at end of shift.							X	
29	For questions or concerns contact your Regional Nurse during business hours. Follow After hours On-Call procedure as applicable. If a medical emergency contact 911 before Medical. Must know the on-call process and the phone numbers							X	

FOLLOW UP CONCERNS

Specify the time frame for completion: _____ N/A

I have received the above In-services 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 Home Manager or Regional Nurse at my Site during open office hours and to the On-Call person after hours.



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Employee Signature

12-13-21
Date



Home Manager Signature or DMA TTT

12-13-21
Date