



Medication Administration In-Service and Evaluation

Name of Facility/Home: Tasha De Care

Employee Receiving In-Service: _____

Date of 1st In-Service*: / / Time: : am / pm Trainer: _____
*This is done by a registered nurse

Date of 2nd In-Service: / / Time: : am / pm Trainer: _____

Date of 3rd In-Service: 12/20/21 Time: 11:00 am / pm Trainer: C Shook

Date of 4th In-Service: 12/23/21 Time: 11:00 am / pm Trainer: C Shook

Date of 5th In-Service: 1/7/22 Time: 11:30 am / pm Trainer: C Shook

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			/	/	/			



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	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)			/	/	/			
	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.

John DeCaro
Employee Signature

1.7.22
Date

Cheryl Shott
Home Manager Signature

1-7-22
Date

ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

<u>Medication</u>	<u>Time</u>
<u>Resident</u>	<u>Documentation</u>
<u>Dose</u>	<u>Route</u>

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

Yes No Explain:

Place cup on flat surface such as the counter, bend down and be eye level with the cup. Pour liquid medication with hand covering the label.

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

Yes No Explain:

As medication is given and resident takes the medication. Then sign.
Also sign when count change is done @ shift change to verify amount.

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

Yes No Explain:

only with doctors orders with medication.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Double locked with the lock on the
cabinets and the door lock.

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

Yes No Explain:

Always report medication errors.

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

Yes No Explain:

Only on DMA on shift. Not given to
ANY one else.

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:

Absolute NO. Medications are Prescribed
to said resident, NO sharing medication
between residents.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Yes. As prescribed by Doctor

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

Yes No Explain:

Yes, those are blood pressure medications.

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

Yes No Explain:

Hour before prescribed time, hour after prescribed time, with half hour grace period.

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

Yes No Explain:

Medications are put in as refused and with second staff witness, medications are destroyed. or if narc put in lock box container.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

There has to be an order prescribed for
insulin to be injected and documented
for records.

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:

Mark that medication was not given,
call on call to verify if medications
can be passed late and mark on paper
Mar.

15. OTC means other than called for?

Yes No Explain:

Over the Counter.

16. One Tablespoon is equal to 30ml?

Yes No Explain:

15 ml

ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes No Explain:

Yes. Nothing by Mouth.

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

Yes No Explain:

Medications, especially controlled can not be repackaged.

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

Yes No Explain:

Yes. very common side effect

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

Yes No Explain:

Yes it is.