



Medication Administration In-Service and Evaluation

Name of Facility/Home: The Cottage

Employee Receiving In-Service: Hunter DenHouten

Date of 1st In-Service*: / / Time: : am / pm Trainer:

*This is done by a regional nurse

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

Date of 3rd In-Service: 12 / 13 / 21 Time: 8:00 am / pm Trainer: C. Shook

Date of 4th In-Service: 12 / 14 / 21 Time: 8:00 am / pm Trainer: C. Shook

Date of 5th In-Service: 12 / 27 / 21 Time: 8:00 am / pm Trainer: C. Shook

Date of 6th In-Service: 12 / 28 / 21 Time: 8:00 am / pm Trainer: C. Shook

Date of Final Evaluation: 12 / 4 / 22 Time: 8:00 am / pm Trainer: C. Shook

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
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.

Hunter DenHouten
Employee Signature

1-4-22
Date

Cheryl Shook
Home Manager Signature

1-4-22
Date

ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights: ^(does it match?)

Correct Name

Right Route

Right Dose

Right day and time

Right Medication

Right documentation

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

Yes No Explain:

Liquid medication is poured with the medication
cup at eye level with your hand
over the label to prevent over pour.

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

Yes No Explain:

The controlled substance log is signed
any time that DMA keys change hands,
or when a controlled substance is given to a
resident.

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

Yes No Explain:

Medication can only be crushed if written
out per doctors order. Medication should always
be given by written route on the prescribed
medication.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Controlled substances are always stored double locked according to policy and procedures.

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

Yes No Explain:

Medication errors always need to be reported to the home manager and nurse.

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

Yes No Explain:

The medication room keys are always on the DMA Scheduled for that shift.

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:

You can never use another resident's psychotropic medication under any circumstances. This rule applies for any other prescribed medication that runs out.

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

Never give lantus insulin irregardless
of glucose level. Give lantus insulin
as prescribed.

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

Yes No Explain:

Lisinopril, tenormin, and norvasc are all high
blood pressure medications, and you need to
monitor for any changes.

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

Yes No Explain:

Eight o'clock medication is given at 7, 8, and 9. Eight o'clock
medication should never be given before 7 or
past 9.

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

Yes No Explain:

Medications must be ~~popped~~ ^{destroyed} with a second staff
present for verification if a resident has
refused popped medication.

Yes
is my
answer

No is
my answer
sorry im
not a
morning
person

ANNUAL DMA RECERTIFICATION TEST

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

Yes No Explain:

order has to be on record for injections of
insulin, even over the counter medications.

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:

If a resident is up within a half hour after medication
time, medication can still be given. If after a half hour,
call medical and ask for permission to pass.

15. OTC means other than called for?

Yes No Explain:

OTC means over the counter.

16. One Tablespoon is equal to 30ml?

Yes No Explain:

One tablespoon is equal to 15 ml.

ANNUAL DMA RECERTIFICATION TEST

17. NPO means nothing para oral?

Yes No Explain:

NPO means nothing by mouth.

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

Yes No Explain:

~~All controlled substances are not used~~
if they have been dropped, popped by accident,
etc. and they get put in a box to be picked up
by a certified nurse with a witness.

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

Yes No Explain:

Choking and aspiration is a problem among
residents whom are on psychotropic medications.

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

Yes No Explain:

a side effect of psychotropic medications can
be constipation.