



**BEACON**  
Specialized Living

① 0978  
② 0439  
③ 0501

Medication Administration In-Service and Evaluation

Name of Facility/Home: Inez Mokma

Employee Receiving In-Service: \_\_\_\_\_

Date of 1st In-Service\*:    /   /    Time:    :    am / pm Trainer: \_\_\_\_\_  
\*This is done on a regular basis

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

Date of 3rd In-Service: 12 / 13 / 21 Time: 11 : 30 am / pm Trainer: C Shook

Date of 4th In-Service: 12 / 14 / 21 Time: 11 : 30 am / pm Trainer: C Shook

Date of 5th In-Service: 12 / 28 / 21 Time: 2 : 00 am / pm Trainer: C Shook

Date of 6th In-Service: 12 / 29 / 21 Time: 12 : 00 am / pm Trainer: C. Shook

Date of Final Evaluation: 1 / 5 / 22 Time: 12 : 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
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

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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.

Choy mhu  
Employee Signature

1/5/22  
Date

Cheryl Stodd  
Home Manager Signature

1/5/22  
Date

# ANNUAL DMA RECERTIFICATION TEST

1 List the six patient rights:

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

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

Yes     No    Explain:

Hold bottle ~~B~~ label covered with hand so label  
does not get damaged. Cup should not be  
held when pouring. Cup should be poured at  
eye level.

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

Yes     No    Explain:

It is signed during med count / shift change.  
Also whenever one is given to resident.

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

Yes     No    Explain:

Some meds are slow release and  
cannot be crushed. Have to have  
Dr. order to be crushed.

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

Double locked

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

Yes  No Explain:

All errors must be reported!

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

Yes  No Explain:

med room keys are always with DMA  
and only DMA.

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:

Resident may not use another resident  
pills, tell management if resident is  
out.

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

no, follow Dr. orders

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

Yes  No Explain:

these meds are all used to help control blood pressure.

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

Yes  No Explain:

1 hour prior, 1 hour after and 30 minute grace period, 9:30 is latest time.

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

Yes  No Explain:

must destroy meds popped if refused

# ANNUAL DMA RECERTIFICATION TEST

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

Yes  No Explain:

all medication given to residents must  
be recorded even insulin injections by  
nurse

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:

It must be in the 1 hour before, 1 hour  
after and 30 minute grace period to be  
given, then on call must be called before passing

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:

nothing by mouth

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

Yes  No Explain:

if not used, nurse destroys controls  
after expiration date

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

Yes  No Explain:

it is a common problem, enough water  
must be given to help residents swallow meds

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

Yes  No Explain:

Constipation is a common side effect  
of psychotropic meds