

ANNUAL 'DMA' RECERTIFICATION TEST

Seth Brun

1.) List the Six (6) Patient Rights:

Person
Dose
Meds

Date / Time
Documentation
Route

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

Yes No Explain:
eye level on a flat surface.

3.) Controlled Substance Medication Count Sheet is signed after the shift is over?

Yes No Explain:
It needs to be signed multiple times through the shift

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

Yes No Explain:
call ~~nurse~~ or call medical.

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:

You have to report every thing

7.) The Medication Room Keys are left hanging on a special hook in the office area?

Yes

No

Explain:

on DMA at all times

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:

Contact manager if gone in office, cant use other resident meds.

9.) Always give Lantus insulin regardless of the glucose level?

Yes

No

Explain:

watch up to prescription

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

Yes

No

Explain:

Thru the meds are to treat Hypertension

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

Yes

No

Explain:

only hour before or hour after ~~schedule~~

12.) Medications that have been popped from a bubble pack and then the resident refuses to take them, are put back in the bubble pack?

Yes

No

Explain:

Destroy pill

13.) Orders to no have to be on record for insulin injections?

Yes

No

Explain:

all meds have to have ~~written~~ orders

14.) When a Resident gets up late for a medication pass, just enter in the EMAR system "Resident Not in the Home for Medication Pass" and give the medication to the resident whenever they wake up?

Yes

No

Explain:

IT has to be a refusal and you have to do a nurse note,

15.) OTC means "Other Than Called" for?

Yes

No

Explain:

Over the ~~counter~~ counter

16.) One Tablespoon is equal to 30ml?

Yes

No

Explain:

Tablespoon is 15ml

17.) NPO means "para oral"?

Yes

No

Explain:

Nothing by mouth.

18.) All Controlled Substances are returned to the pharmacy to be repackaged?

Yes

No

Explain:

19.) Choking and aspiration is a rare problem among Residents on Psychotropic medications?

Yes

No

Explain:

It often causes to have choking and aspiration.

20.) Constipation is never a side effect of Psychotropic medications?

Yes

No

Explain:

constipation → a side effect



Medication Administration In-Service and Evaluation

Name of Facility/Home: The Oaks

Employee Receiving In-Service: Seth Brown

Date of 1st In-Service: 5/15/21 Time: 8:00 am pm Trainer: Willie B

Date of 2nd In-Service: 5/16/21 Time: 8:00 am / pm Trainer: Andrea Y

Date of 3rd In-Service: 5/21/21 Time: 8:00 am pm Trainer: Andrea Y

Date of 4th In-Service: 5/22/21 Time: 8:00 am pm Trainer: Andrea Y (Final)

Date of 5th In-Service: / / Time: : am / pm Trainer:

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									



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	<input type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed	<input type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication	<input type="checkbox"/>							
	f. Medication record is signed immediately after administration of same	<input type="checkbox"/>							
	g. Controlled substance record is signed immediately after administration of same	<input type="checkbox"/>							
	h. Correct dose is administered	<input type="checkbox"/>							
	i. Medication is administered at correct time	<input type="checkbox"/>							
	j. Verify no additional MAR pages have been added	<input type="checkbox"/>							
7	Infection control technique is reviewed	<input type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input type="checkbox"/>							
	a. Resident is properly positioned, at a 45° sitting angle	<input type="checkbox"/>							
	b. Tube is checked for placement and patency	<input type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered	<input type="checkbox"/>							
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<input type="checkbox"/>							
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input type="checkbox"/>							
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input type="checkbox"/>							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input type="checkbox"/>							
11	DMA administers eye and ear medication according to facility policies and procedures	<input type="checkbox"/>							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input type="checkbox"/>							
13	Medication administration should not interrupted. DO NOT RUSH	<input type="checkbox"/>							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input type="checkbox"/>							
15	Residents' rights are observed	<input type="checkbox"/>							
16	Location, Procedures and Documenting for administering PRN	<input type="checkbox"/>							
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input type="checkbox"/>							
18	Medications are administered within time frame per facility policy	<input type="checkbox"/>							



Medication Administration In-Service and Evaluation

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

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.

Employee Signature

Date

Home Manager Signature

Date