



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Niles Home

Name of Facility/Home:

Jamila Alkattan

Employee receiving In-Service: _____

Date of 1st In-Service: 12/29/21 Time: 1:00 pm L&D: Learning & Development

Date of 2nd In-Service: 12 / 30 / 21 Time: 8:00 am / pm ^{DMA TTT} Medical: Tony Giancaspro

Date of 3rd In-Service: 12 / 30 / 21 Time: 2:00 am / pm DMA TTT: Tony Giancaspro

Date of 4th In-Service: 1 / 3 / 22 Time: 8:00 am / pm DMA TTT: Kim Howard

Date of 5th In-Service: 1 / 3 / 22 Time: 12:04 am / pm DMA TTT: Kim Howard

Date of 6th In-Service: 1 / 3 / 22 Time: 2:00 am / pm HM: Kim Howard

Date of Final Evaluation: 1 / 09 / 22 Time: 8:00 am / pm DMA TTT: Kim Howard

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 NA 2022 Code #2 NA 0515 Code # 3 NA 9225

In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1. MEDICATION AREA-								
a. Location of ample supplies before administration.	X	X	X	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 must also be reported to recipient rights as medication error verbally and then followed up with an event report	X	X	X	X	X			
d. Location of all medication: Internal, External, Refrigerated, Controlled Substances, PRN's. Medications are separated. Location of: High Alert Board, Sharp's container, Medication posting binder, Prescription Book, Medication Book.	X	X	X	X	X			
c. Area is clean, organized, and locked.	X	X	X	X	X			



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2	DMA washes hands before administering medications and between each Resident when a sink is in the medication room. If not, wash hands before and between each 3 rd person, always sanitizing between each. Sanitizing and wearing gloves is never a substitute for handwashing. Masks should be worn at all times when out of the medication room when required	X	X	X	X	X			
3	Medication keys are retained by DMA. When completing DMA change complete appropriate documentation. This is to be completed at shift change and the staff must attest that all medications and event reports written, when applicable	X	X	X	X	✓			
4	A resident is identified per facility policy and procedure before administering meds. At least 2 patient identifiers per Joint Commission National Patient Safety Goals.	X	X	X	X	X			
5	All medications require a prescription including lotions, creams, powders, and OTC medication.	X	X	X	X	X			
6	Vital signs are taken per facility policy before administering medications (if applicable), always on cardiac and BP medications	X	X	X	X	X			
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	X	X	X	X	X			
	b. Follow vital range guidelines unless otherwise specified with a written prescription by the prescribing physician.	X	X	X	X	X			
7	c. Beacon vital sign ranges are as follows: Temperature 96-99, Pulse 50-100, Respirations 12-20, Low blood pressure 90/50 or below, High blood pressure 160/90 or higher	X	X	X	X	✓			
8	Medications Administration per facility policy and procedure: to include a review of the '6 Rights'. Right, Resident, Right Route/Method, Right Medication, Right Time/Date, Right Dose, Right Documentation. Medication administration should not be interrupted, do NOT rush.	X	X	X	X	X			
	a. Medications are properly removed from container/blister pack and (.) dot is placed in the appropriate box on MAR. If on EMAR a check (☑) is placed in the appropriate box.	X	X	X	X	X			
	b. Liquid medication is poured at eye level on a flat surface, with palm covering label of the stock bottle	X	X	X	X	X			
	c. DMA verifies medication and strength with an order as transcribed on medication record per facility policy and procedure. Note: Strength and dose are not always the same.	X	X	X	X	X			
	d. Observe Resident to ensure medication is swallowed. If (ODT) disintegrating medication is given, place in a separate cup and ensure medication dissolves.	X	X	X	X	X			
	e. Offer adequate and appropriate fluid with medication, full glass of water unless otherwise ordered. Note: Any	X	X	X	X	X			



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	fluid restrictions, special instructions (nectar thick, etc.), or potential adverse fluid interactions (grapefruit juice)							
	f. DMA should initial the medication the first time they use it at the top of the bubble pack. Initial and date in back.	X	X	X	X	X		
	g. Medication record is signed immediately after administration of same. Add initials to box on MAR and complete back page or on EMAR choose Pass selected. Choose exceptions if needed and document. Check for any blanks on MAR or EMAR and utilize a Late med pass or proper documentation. Any exception requires a misc. note to be completed. This should be completed at every shift change	X	X	X	X	X		
	h. Controlled substance record is signed immediately after administration of same. The controlled count is done at DMA change and when administering medication.	X	X	X	X	X		
	i. Verify no additional MAR pages have been added, check the high alert board and shift change agenda.	X	X	X	X	X		
	j. Infection control technique is reviewed, Handwashing and Universal Precautions.	X	X	X	X	X		
9	Medication via gastric tube administered per facility policy and procedure. If applicable Medical will provide hands-on education, support, and training. <ul style="list-style-type: none"> ▪Resident is properly positioned, at a 45° sitting angle ▪Tube is checked for placement and patency ▪Tube is flushed before between and after medications are administered 	X	X	X	X	X		
10	Injections are administered by the Resident if there is a physician and psychiatrist order present, or DMA, per facility policy and procedure	X	X	X	X	X		
	a. Syringes and needles are disposed of in a sharps container, by the person giving the injection (should be the resident, unless otherwise ordered by PCP) without recapping. Sharp's container must be dated 90 days out for expiration once you begin using.	X	X	X	X	X		
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results. Still must remain with resident and verify accurate information and document.	X	X	X	X	X		
	c. Insulin Pen and vials are to be dated 28 days out once they are open or used. Pay special attention to storage instructions. Pens are refrigerated before first use. Vials are refrigerated. Bottles and pens must be labeled with the expiration dates	X	X	X	X	X		
11	DMA crushes medication according to facility policy and procedure ONLY with written physician's orders. Note: Does it specify in pudding, yogurt, applesauce, and follow orders.	X	X	X	X	X		
12	DMA administers eye and ear medication according to facility policies and procedures.	X	X	X	X	X		



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13	Inhalers should be disinfected between use. If multiple inhalers are used separately by 5 minutes. Always swish and spit after steroid inhalers to prevent infection.	X	X	X	X	X			
14	Medication prescription, label, and MAR should all match. Generic and Brand Names should be on the label. Prescriptions can be verified in the binder in the medication room and/or NextStep.	X	X	X	X	X			
15	When a resident is leaving for an LOA ensure you are completing the Release of Responsibility for Medication, if 2 nd staff is available best practice would be to have both staff count medication being released. This would be the same process upon return. Ensure staff and party it was released to sign upon leave and return. *Send all medication including PRN's	X	X	X	X	X			
16	When a resident is leaving on an outing or signing out, ensure they are taking their epi-pen, rescue inhaler, and any other applicable medication and completing appropriate documentation. *Sunblock if applicable	X	X	X	X	X			
17	Residents' rights are observed. Residents have the right to privacy. Rights to receive their medication as prescribed and right to refuse medication.	X	X	X	X	X			
18	Location, Procedures, and Documenting for administering PRN including checking history and completing follow-up. PRN medication must be administered as prescribed for a specified reason.	X	X	X	X	X			
19	DMA follows facility policy and procedure for medications refused or withheld. (ER/ IR written as applicable along with misc. note)	X	X	X	X	X			
20	Medications are administered within the time frame per facility policy and procedure. There is a 1 hour before and 1 hour after the time frame for medication administration. Once outside the time frame, there is an additional 30 minutes before you must contact medical to receive approval to administer medication.	X	X	X	X	X			
21	Medication errors are reported to Home Manager, Regional Nurse, and prescribing physician. An IR/ER and misc. note must be completed before the end of the shift. If medication is given to the wrong resident contact poison control immediately followed by medical.	X	X	X	X	X			
22	The medication area is cleaned and locked after the completion of medication administration. All medication is double locked.	X	X	X	X	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	X	X	X	X			
24	Approved Abbreviations List is reviewed	X	X	X	X	X			
25	Seizure precautions and documentation. Follow Beacon's policy unless someone has their medical protocol prescription.	X	X	X	X	X			



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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	X	X	X	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	X	X	X	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	X	X	X	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	X	X	X	X			

FOLLOW UP CONCERNS

Specify the time frame for completion: _____ X 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.

Employee Signature

Date

Kym Howard

1-11-2022

Home Manager Signature or DMA TTT

Date

Jamila

DMA TRAINING
LIST OF MEDICATIONS TO COMPLETE FOR DMA TRAINING

Use the attached forms to look up each of the medications listed below. Each line must be completed and turned in the day that you do your final DMA Evaluation with your ROM (Regional Operation Manager) for your area. You will not be able to become DMA certified until all of the forms are completed [48]
 See slide 65 in DMA Packette

Mental Illness Anxiety Disorders	Inhalers Allergy / Asthma	Hyperlipidemia Statins	Diabetes Endocrine & Metabolic
Abilify Ativan Clozaril Depakote Haldol Invega Klonopin Lamictal Lithium Risperdal Seroquel Tripleptal Zyprexa	Advair Discus Atrovent Flonase Flovent Loratadine Proventil	Crestor Lipitor Zocor	Apidra Byetta Glucophage Glyburide Lantus Levemir Levothyroxine Novolog Synthroid
Seizures	Gastrointestinal Disorder Constipation	Blood Pressure Meds	Pain & Inflammation
Dilantin Keppra Neurontin Topamax	Colace Miralax Prilosec Protonix Zantac	HCTZ (hydrochlorothiazide) Lisinopril Toprol Tenormin	Flexeril Motrin Norco Tylenol with Codeine Ultram

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DMA Code #1 2022

DMA Code #2 0510

DMA Code #3 9221

Jamila

DRUG NAME	Abilify - schizophrenia, bipolar/manic, major depressive
GENERIC NAME	Aripiprazole
DOSAGE RANGE	2mg, 5mg, 10mg, 15mg, 20mg, 30mg
HOW TO TAKE	tablets - oral
USES	Schizophrenia, bipolar, major major depressive
SIDE EFFECTS	drowsiness, lightheaded, weight gain, headache, constipation
WARNINGS	discuss w/ PCP if there is a history of stroke, diabetes, heart problems.

DRUG NAME	Proventil
GENERIC NAME	Albuterol
DOSAGE RANGE	use as directed, as prescribed or 4-6hrs B PRN
HOW TO TAKE	inhale orally
USES	prevent shortness of breath & treat wheezing, breathing problems
SIDE EFFECTS	Nervousness, headache, mouth/throat soreness
WARNINGS	history of heart problems, high blood pressure, seizure.

DRUG NAME	Lipitor
GENERIC NAME	Atorvastatin
DOSAGE RANGE	10-20mg, once daily
HOW TO TAKE	orally
USES	help lower "bad" cholesterol, and "raise" "good"
SIDE EFFECTS	muscle pain, kidney problems, nausea, stomach pain
WARNINGS	risk of angina, stroke, heart attack, blood vessels

DRUG NAME	Novolog
GENERIC NAME	Insulin Aspart U-100
DOSAGE RANGE	dependent on glucose range
HOW TO TAKE	inject w/ needle in stomach area
USES	used to control high blood
SIDE EFFECTS	sweating, shaking, hunger, weight gain, blurred vision
WARNINGS	Do not drive while using medication.

DRUG NAME	Leppra
GENERIC NAME	Levetiracetam
DOSAGE RANGE	as directed, or twice daily w/ or w/o food
HOW TO TAKE	Liquid or tablets
USES	treats seizures
SIDE EFFECTS	Drowsiness, weakness, unusual tiredness
WARNINGS	Children are more sensitive, can cause mood swings, anxiety, depression, increase BP.