BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home:
Hart

Employee receiving In-Service: Staci Tice

Date of 1st In-Service: 02/10/22 Time: 4:00 pm L&D: Learning & Development

Date of 2nd In-Service: ___/___/___ Time: ___:_____am / pm Medical: _____

Date of 3rd In-Service: ___/___/___ Time: ___:_____ am / pm DMA TTT: _____

Date of 4th In-Service: ___/___/___ Time: ___:_____ am / pm DMA TTT: _____

Date of 5th In-Service: ___/___/___ Time: ___:_____ am / pm DMA TTT: _____

Date of 6th In-Service: ___/___/___ Time: ___:_____ am / pm HM:

Date of Final Evaluation: 3/15/22 Time: 6:30 am/ pm DMA TTT: [illegible]

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 1936 **Code #2 NA** 2165 **Code # 3 NA** 1982

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	
1.	MEDICATION AREA- a. Location of ample supplies before administration.	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						✓	
	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						✓	
	c. Area is clean, organized, and locked.	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 3rd 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						✓	
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						✓	
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						✓	
5	All medications require a prescription including lotions, creams, powders, and OTC medication.	X						✓	
6	Vital signs are taken per facility policy before administering medications (if applicable), always on cardiac and BP medications	X						✓	
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	X						✓	
	b. Follow vital range guidelines unless otherwise specified with a written prescription by the prescribing physician.	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						✓	
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						✓	
	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						✓	
	b. Liquid medication is poured at eye level on a flat surface, with palm covering label of the stock bottle	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						✓	
	d. Observe Resident to ensure medication is swallowed. If (ODT) disintegrating medication is given, place in a separate cup and ensure medication dissolves.	X						✓	
	e. Offer adequate and appropriate fluid with medication, full glass of water unless otherwise ordered. Note: Any	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						✓	
	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						✓	
	h. Controlled substance record is signed immediately after administration of same. The controlled count is done at DMA change and when administering medication.	X						✓	
	i. Verify no additional MAR pages have been added, check the high alert board and shift change agenda.	X						✓	
	j. Infection control technique is reviewed, Handwashing and Universal Precautions.	X						✓	
9	Medication via gastric tube administered per facility policy and procedure. If applicable Medical will provide hands-on education, support, and training. ▪ 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						✓	
10	Injections are administered by the Resident if there is a physician and psychiatrist order present, or DMA, per facility policy and procedure	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						✓	
	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						✓	
	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						✓	
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						✓	
12	DMA administers eye and ear medication according to facility policies and procedures.	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							
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							
15	When a resident is leaving for an LOA ensure you are completing the Release of Responsibility for Medication, if 2nd 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							
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							
17	Residents' rights are observed. Residents have the right to privacy. Rights to receive their medication as prescribed and right to refuse medication.	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							
19	DMA follows facility policy and procedure for medications refused or withheld. (ER/ IR written as applicable along with misc. note)	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							
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							
22	The medication area is cleaned and locked after the completion of medication administration. All medication is double locked.	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							
24	Approved Abbreviations List is reviewed	X							
25	Seizure precautions and documentation. Follow Beacon's policy unless someone has their medical protocol prescription.	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						✓	
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						✓	
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						✓	
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						✓	

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.

_____ 3-15-22
Employee Signature *Date*

_____ 3-15-22
Home Manager Signature or DMA TTT *Date*